51ST ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH.

July 1, 1964 - June 30, 1965

ALL OFFICIALS

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1965

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Samuel Kovner	1960-1965	Gordon M. Fair, B.S., Dr. Ing.	1956-1968
Allen S. Johnson, M.D.	1964-1966	Ralph E. Sirianni	1963-1969
Francis B. Carroll, M.D.	1964-1967	John H. Knowles, M.D.	1964-1970

Moira E. Nixon, Secretary

BUREAU OF ADMINISTRATION

Division of Administration	Harry W. Attwood, Director
Division of Health Education	Marie F. Gately, M.Ed., M.P.H., Director
Division of Public Health Research, Development, and Professional Training	F. Randolf Philbrook, M.D., M.P.H., Director

BUREAU OF HEALTH SERVICES

Leon Sternfeld, M.D., M.P.H., Bureau Chief

Division of Local Health Services	Leon Sternfeld, M.D., M.P.H., Director and Deputy Commissioner
District Health Offices	
Southeastern District Lakeville Hospital Middleboro	William M. Groton, M.D., District Health Officer
Northeastern District Tewksbury Hospital Tewksbury	Frederick A. Dunham, M.D., M.P.H., District Health Officer
Central District Rutland Hospital Rutland	Gilbert D. Joly, B.S., Acting District Health Officer
Western Region University of Massachusetts Amherst and 246 North Street, Pittsfield	Jerome S. Peterson, M.D., Regional Health Officer Thomas F. Reilly, M.D., District Health Officer

Division of Maternal and Child Health Services	M. Grace Hussey, M.D., M.P.H., Director
Regional Health Director	Benjamin Sachs, M.D., M.P.H.

BUREAU OF HOSPITAL FACILITIES
A. Daniel Rubenstein, M.D., M.P.H., Bureau Chief

Division of Hospital Facilities	A. Daniel Rubenstein, M.D., M.P.H., Director and Deputy Commissioner

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health	Frank W. Reynolds, M.D., Director
Division of Communicable Diseases	Nicholas J. Fiumara, M.D., M.P.H., Director
Division of Dental Health	William D. Wellock, D.M.D.,M.P.H., Director
Division of Alcoholism	Edward Blacker, Ph.D., Director of Alcoholism Program

BUREAU OF ENVIRONMENTAL SANITATION
Worthen H. Taylor, B.S., Bureau Chief

Division of Sanitary Engineering	Worthen H. Taylor, B.S., Director

BUREAU OF CONSUMER PRODUCTS PROTECTION
George A. Michael, B.S., Bureau Chief

Division of Food and Drugs	George A. Michael, B.S., Director and Deputy Commissioner

BUREAU OF TUBERCULOSIS CONTROL
William P. McHugh, M.D., M.P.H., Bureau Chief

Division of Sanatoria and Tuberculosis Control	William P. McHugh, M.D., M.P.H., Director

Institutions

Lakeville Hospital	George L. Parker, M.D., Superintendent
Lemuel Shattuck Hospital	Harry T. Phillips, M.D., Superintendent
Massachusetts Hospital School	John J. Carroll, M.D., Superintendent
Pondville Hospital	Claire W. Twinam, M.D., Superintendent
Rutland Hospital	Gabriel Nadeau, M.D., Superintendent
Tewksbury Hospital	Thomas J. Saunders, Superintendent
Western Massachusetts Hospital	Roland R. Cartier, M.D., Superintendent

BUREAU OF INSTITUTE OF LABORATORIES
Geoffrey Edsall, M.D., Superintendent

Division of Biologic Laboratories	James A. McComb, D.V.M., Director
Division of Diagnostic Laboratories	Robert A. MacCready, M.D., Director

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Submitted herewith is the annual report of the Public Health Council for the fiscal year ending June 30, 1965.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with General Laws, Chapter 30A, Section 11A, notices of all regular and special meetings of the Council were filed with the Executive Office for Administration and Finance and with the Secretary of State.

In addition to the regular meetings of the Council, two special meetings were held. On December 15, 1964 the appeal of B. L. Cummings, Inc. relative to revocation of its license to sell milk in the town of Lexington was heard by the Council. On June 16, 1965 a special meeting was called to consider the transfer of the Veterans Administration Hospital at Rutland Heights to the Department for care of the chronically ill.

Subcommittees of the Public Health Council met when necessary during the year. The Committee on Environmental Sanitation was chaired by Professor Fair and the Committee on Hospital Problems was chaired by Dr. Johnson. Following meetings of these committees, recommendations were prepared and presented to the full meeting of the Council.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, and medical schools and laboratories desiring to obtain impounded animals for scientific investigation, experiment or instruction. These approvals are based upon reports of inspections by members of the Department who ascertain if the facilities comply with the Department's standards for licensure.

Other duties included the certification of laboratories which have taken part in the annual evaluation and have demonstrated their ability to perform satisfactorily certain tests; approval of personnel in the Department and at the Department sanatoria; approval of professional personnel at county and municipal sanatoria which contract with the Department for the care of tuberculosis patients; approval of food regulations and air pollution control regulations of local communities; advice to communities and official agencies relative to sanitary problems of water supply, sewage disposal and nuisances; approval of out-of-state shellfish dealers who have been approved by their respective state shellfish authorities.

Contracts between the Medical Milk Commission of Boston and

H. P. Hood and Sons, Inc. of Boston, and between the Medical Milk Commission and Vitamilk-Nashoba, Inc. of Harvard for the production of certified milk were approved.

Agreements were approved and signed between the Commonwealth, through the Department of Public Health, and the following:

Newton Visiting Nurse Association relative to provision of financial assistance for a special public health nursing project concerning follow-up care of prematurely born infants;
Harvard School of Public Health, Department of Maternal and Child Health, relative to provision of financial assistance for the Bromley Park-Heath Street Child Health Clinic;
Beth Israel Hospital relative to development of a comprehensive Child Care Program;
Children's Hospital Medical Center relative to provision of consultations and treatment services for patients with phenylketonuria (amendment of original agreement approved and signed April 9, 1963);
GCA Corporation of Delaware for consultant services in connection with advance planning for the study of air pollution in the Metropolitan Air Pollution Control District and vicinity;
Harvard School of Public Health to provide financial assistance relative to developing a plan on the prevention and public health aspects of Mental Retardation;
Norman Scotch, Ph.D. relative to preparation of an application for a grant to determine possible effectiveness of a training program for members of Public Health Nursing Agencies Boards of Directors;
Mrs. Doris S. Bryan, R.N. relative to consultation in connection with School Nurse Workshop, June 21-25, 1965;
Abt Associates, Inc., Cambridge relative to provision of statistical analysis of Vaccination Assistance Project survey data.

New contracts for the care and treatment of persons with tuberculosis were approved and signed by the Department of Public Health and Boston Sanatorium, Middlesex County Sanatorium, Norfolk County Hospital, and Worcester County Sanatorium.

Special Matters

During fiscal 1964 initial steps were taken by the Department in the development of an expanded chronic disease program. The Nursing Home Licensing Program was transferred to the Division of Cancer and Chronic Disease, and at the same time the word 'cancer' was dropped from the Division name in order to place the emphasis on chronic disease control. When Dr. Phillips, Director of the Division of Chronic Disease, was appointed Superintendent of the Lemuel Shattuck Hospital in May 1964, the Hospital was transferred from the Division of Sanatoria and Tuberculosis Control to the Division of Chronic Disease and Dr. Phillips was given over-all supervision of the program. In November 1964 further steps in the development of an expanded chronic disease program were taken as follows:

(a) the name of the Bureau of Preventive Disease Control was changed to Bureau of Chronic Disease Control;
(b) Dr. Phillips was appointed Chief of the Bureau of Chronic Disease Control;
(c) the name of the Division of Chronic Disease was changed to Division of Adult Health, and
(d) the Lemuel Shattuck Hospital was transferred out of the Division of Chronic Disease and made a separate division under the Bureau of Chronic Disease Control.

As part of this consolidation the Division of Adult Health transferred to quarters at the Lemuel Shattuck Hospital.

The Crime Commission Report was released in April 1964. A section of this report dealt with the Division of Food and Drugs and its involvement in the salvaging operations of food and liquor following a disaster such as fire or flood. Although no action was taken by the Public Health Council concerning this report, the matter was discussed on several occasions. In June 1965 Dr. Michael, Director of Food and Drugs, met with the Council and described in detail the salvaging procedures involving Department inspectors.

Early in 1965 the Department learned that the Veterans Administration was considering the closing of their hospital at Rutland Heights. In view of the fact that Rutland Hospital was to be replaced in the near future, the possibility of the Commonwealth, through the Department of Public Health, acquiring this facility was given a great deal of consideration. The Department's interest was made known to the Veterans Administration in Washington and legislation was submitted to permit acceptance, by the State, of Rutland Heights Hospital for the care and treatment of chronic disease patients. The legislation was held in abeyance by the General Court pending a final decision by the Federal Government. In June of 1965 the Public Health Council visited the Rutland Heights facility and the following week word was received that the Federal Government would definitely close the Rutland Heights Veterans Hospital as of September 1, 1965. It is expected that the legislation will now be enacted and the Department, in the meantime, is developing plans for the transfer of personnel, patients and equipment from the Rutland Hospital to the facility at Rutland Heights.

Public Hearings

The Public Health Council held eight public hearings during the year. Four hearings concerned nursing home licensure and one hospital licensure. In December 1964 a special meeting was held to hear the appeal of B. L. Cummings, Inc. relative to revocation by the Lexington Board of Health of its license to sell milk in that community. The other hearings concerned problems of air pollution.

Under authority of General Laws, Chapter 111, Section 3, the Director of the Division of Sanitary Engineering conducted hearings relative to landtaking for water supply protection, for sewage disposal purposes, and operation of refuse disposal areas. Under similar authority the Director of Food and Drugs held hearings relative to establishment of rules

and regulations for eating and drinking establishments, amendment of the regulations for storage and distribution of frozen foods, and amendment of regulations relative to grades of milk as they pertain to labeling of standardized milk. The Director of Hospital Facilities held hearings relative to amendments concerning regulations pertaining to licensure of hospitals and sanatoria and the use of blood and other tissues for transfusion. Hearings pertaining to the licensing of medical care facilities were held by the Division of Hospital Facilities and the Division of Adult Health.

The information presented at hearings held by Division Directors was submitted to subsequent meetings of the Council for action.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and existing regulations amended, as follows:

Isolation and Quarantine Regulations.	Revised
Rules, Regulations, Standards and Definitions of Purity and Quality of Food.	Amended
Rules and Regulations Relative to the Storage and Distribution of Frozen Foods.	Amended
Article X of the Sanitary Code entitled "Minimum Sanitation Standards for Food Service Establishments."	
Rules and Regulations Relative to Eating and Drinking Establishments. (under provisions of General Laws, Chapter 94)	
Rules and Regulations Relative to the Use of Blood and Other Tissues for the Purposes of Transfusion.	Amended
Rules and Regulations for Hospitals and Sanatoria.	Amended

Hospital Survey and Construction

Approval was given to applications from the following medical care facilities for financial assistance from Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act. In some instances these represent additional grants given because of increased cost of construction as evidenced by bids received or because it was found on further investigation that the facility was eligible for additional funds as a percentage of its construction costs:

New Bedford Jewish Convalescent Home, New Bedford	$ 25,740
Fairview Hospital, Great Barrington	400,000
South Shore Hospital, Weymouth	400,000
Marlboro Hospital, Marlboro	400,000
Holden District Hospital, Holden	398,328
Glover Memorial Hospital, Needham	400,000
Truesdale Hospital, Fall River	200,000
Union Hospital, Fall River	100,000
Sancta Maria Hospital, Cambridge	400,000
Morton Hospital, Taunton	400,000
Holyoke Hospital, Holyoke	400,000
Marian Manor Nursing Home, South Boston	350,000
Don Orione Nursing Home, East Boston	350,000
Boston City Hospital, Boston	143,153
Massachusetts General Hospital, Boston	186,403

It has been the policy of the Department to review, six months following application approval, the various projects to determine what progress has been made. In cases where construction had not been started or it was felt construction would not be underway within a reasonable time, withdrawal of the application was requested. In this way it was possible to consider applications previously received but not acted upon due to lack of funds. Two such application withdrawals were made -- Truesdale Hospital, Fall River, and Boston City Hospital, Boston -- making $343,153 available for reallocation.

Personnel

The Department of Public Health was saddened by the death of Dr. Paul J. Jakmauh on July 13, 1964. Dr. Jakmauh had been an active and loyal member of the Public Health Council since 1949. On September 28, 1964, Dr. Francis B. Carroll, Director of the Veterans Administration Hospital, Jamaica Plain, was appointed to fill the unexpired term of Dr. Jakmauh. A second vacancy had existed on the Council since the resignation of Dr. Charles Wilinsky on April 1, 1964. As Dr. Wilinsky's term would have expired in May of 1964, Dr. John H. Knowles, General Director of the Massachusetts General Hospital, was appointed on October 1, 1964, to serve a full term until 1970. Therefore the membership of the Public Health Council on June 30, 1965 was as follows:

Alfred L. Frechette, M.D., M.P.H.,	Chairman
Samuel Kovner	1960-1965
Allen S. Johnson, M.D.	1964-1966
Francis B. Carroll, M.D.	1964-1967
Gordon M. Fair, B.S., Dr.Ing.	1956-1968
Ralph E. Sirianni	1963-1969
John H. Knowles, M.D.	1964-1970

Acceptance of Report

At a meeting of the Department on November 9, 1965 the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1965, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1965.

FIFTY-FIRST ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the fifty-first annual report of the Department of Public Health for the fiscal year ending June 30, 1965.

BUREAU OF ADMINISTRATION

The Commissioner, in addition to being the executive and administrative head of the Department, maintains continuing liaison with the Executive Department, the Legislature, the voluntary health agencies and local community health agencies. Regular monthly conferences were held with the Division Directors in order to keep fully informed of the various activities being carried on throughout the Department and to assist in formulating Department policies and programs. In the establishment of policy and in making formal and legal decisions of the Department, the Commissioner and the Public Health Council acted jointly.

On September 30, 1964 the new Lakeville Hospital was officially opened at a ceremony attended by Governors Peabody and Volpe and members of the General Court representing that area of the Commonwealth. On November 10, 1964, Governor Peabody officiated at ground-breaking ceremonies for the new Tewksbury Hospital. The 400-bed central facility, scheduled for completion in 1966, will replace outmoded buildings dating back to 1854. The goal of the construction program at Tewksbury is a 1000-bed chronic disease hospital. With the continuing decrease in the number of beds needed for the care and treatment of tuberculous patients, Western Massachusetts Hospital in Westfield has been actively expanding its chronic disease program. An important step forward was realized on November 19, 1964 with the official opening of a Cobalt-60 Suite at the Hospital. The closed circuit television system at Massachusetts Hospital School in Canton was dedicated on April 30, 1965. The 16-channel network is the first of its kind in the nation and will allow full-time teaching for the bedridden children at the Hospital School.

In addition to the above, construction of an 80-bed addition to the Massachusetts Hospital School is underway. During the year funds were appropriated by the Legislature for the preparation of plans for a new Pondville Hospital, a new nurses' home at Lakeville Hospital, and a new school house addition at the Massachusetts Hospital School. In connection with the proposed new construction at the State Institute of Laboratories, funds for construction of a power plant and preparation of plans for a new laboratory were also appropriated.

In April 1965 the Executive Office for Administration and Finance initiated a survey of the State Government. The Survey Team was composed of individuals loaned by private industry. Assigned to the Department were Miss Helen Kroepsch and Messrs. Eugene O'Neill and Kenneth Vincent. For a period of three months the team studied the Department's structure, policies, and personnel. Numerous meetings were held with the Commissioner and with

other members of the staff, including hospital personnel. The final report of the Survey Team should be released early in fiscal 1966.

Boards and Commissions

Under various statutes the Commissioner of Public Health is ex officio a member of various boards and commissions, including the Council for the Aging, Rehabilitation Commission, Milk Regulation Board, Water Resources Commission, New England Interstate Water Pollution Control Commission, Advisory Council on Hospital Surveys and Construction Planning, Approving Authority for Colleges and Medical Schools, Approving Authority for Schools for the Training of Medical Laboratory Technicians, Approving Authority for Schools for Training of X-ray Technicians, Urban and Industrial Renewal Advisory Council, Weather Amendment Board, Pesticide Board, Merrimack River Valley Pollution Abatement Study Commission, Board Regulating Installation of Gas Piping and Gas Appliances in Buildings, Board of Trustees of the University of Massachusetts, and the Board of Rate Setting for Convalescent or Nursing Homes and Rest Homes.

The Commissioner personally attended as many meetings as possible and designated appropriate staff members to attend others, so that the Department was represented at all meetings of these boards and commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retirement authority.

During fiscal year 1965, new applications for disability retirement numbered 575. Because of the inability of one or more panel members to fulfill their obligation, 75 of these applications had to be processed twice, 18 were processed three times, six were processed four times, three were processed five times, and one was processed a total of six times in order to obtain a medical panel.

Under General Laws, Chapter 32, Section 89, widows of firefighters, police officers and certain other employees whose work involves considerable risk may apply for an annuity. In such cases the Department designates the third member of a board appointed to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about fifty such applications are received and processed.

Rating Board

The State Police Retirement Rating Board, under General Laws, Chapter 32, Section 26, interviewed two officers who had applied for retirement because of injury received in line of duty. After examination of the applicants and review of their records, the Board recommended approval of one application for disability retirement and denial of the second application.

Massachusetts Health Research Institute, Inc.

The Massachusetts Health Research Institute, incorporated on May 21, 1959, was organized in part to conduct and finance studies, research, and demonstrations in the various fields of public health and medicine in keeping with the purposes and policies of the Department of Public Health and local health agencies engaged in health research within the Commonwealth. During the period July 1, 1964 and June 30, 1965 the Institute accepted a total of twenty-four grants and six contracts for a total of $503,217. as compared to eighteen grants and seven contracts totalling $460,375. in 1963, twenty-three grants and seven contracts totalling $482,032. in 1962, and twenty grants and five contracts totalling $311,807. in 1961. One grant and three contracts were completed during the year.

Research has been completed and reports submitted on a survey of the DDT pesticide problem in the Concord-Assabet River area. As a result of this study a new grant has been accepted to permit studies in selected areas of the Commonwealth on various pesticides. A survey of the pesticide problem in the Connecticut-Westfield-Farmington River area was completed and report submitted. Training of six Social and Behavioral Scientists in Alcoholism was completed. A conference on Mental Health Aspects of Nursing Home Care was held and report submitted. During the past year the Communicable Disease Center, Public Health Service decided to withdraw their personnel and supervision of the Taunton Field Station. As this Station was an integral part of the Massachusetts Encephalitis Study and the studies on encephalitis being conducted throughout the United States, funds under contract were accepted by the Institute from the Public Health Service for the continued operation of the Field Station. This Station -- with the new title of "Encephalitis Field Station" -- is located at Lakeville Hospital.

Massachusetts Committee on Children and Youth

The Committee is charged with furthering the interests of children, youth, and their families.

After screening and priority placing, the Committee recommended active support of, or opposition to, forty-five bills before the General Court. These bills would affect education, adoption, child health and welfare, mental health, public welfare, court handling of juvenile offenders, relocation assistance, sanitary code enforcement, civil rights, and the State civil service system. On the Federal level, the Committee supported the House Resolution which would provide grants to the states for staffing Community Mental Health Centers and further recommended that such Federal support be continuing rather than short-term.

The state-wide Conference on Youth recommended that efforts be made to provide all youth with more opportunities to gain broader experience with racial, social and economic groups; that youth be given more opportunities to take responsibility; that there be more exposure to a large number of jobs or careers to build up an experience for wiser choice of career.

The Local Area Project completed the intensive study of the needs of and services for children in Somerville and in the Pittsfield area and started the second phase, planning with community leaders ways of improving the services for children and families.

The Family Interviewing Project, to find out the gaps in services and the reasons why families may not be using those available, started on the proposed interviewing of six hundred families.

The Child Welfare Project is a study for more effective planning by social agencies concerned with child welfare. The study is beginning to give information on the family structure, the nature of the problems, the pathways in the community that led to the agency concerned, present and past contacts with other agencies, and the nature of the decision process that takes place in the agency when faced with a request for help.

The study of Day Care Services has been completed. Its findings and recommendations will be used as guidelines by the Committee and interested State departments in formulating plans for program development and needed legislation.

The Committee is serving in an advisory capacity to the Children's Bureau study of the Massachusetts Division of Youth Service. A survey and analysis is to be made of the experience of communities participating in Operation Head Start. The Committee will prepare a report on the health and welfare implications of urban renewal in Springfield, at the request of the Community Council of Springfield.

Drug Addiction Rehabilitation Board

The Board was created by statute to establish a program for the treatment and rehabilitation of drug addicts, to coordinate the services and activities of agencies of the Commonwealth and its political subdivisions in the treatment and rehabilitation of drug addicts, and to cooperate with agencies of the Federal Government in developing and coordinating such programs.

The first Drug Addiction Center and Out-patient Clinic, at the Boston State Hospital, has been open since July 1, 1964 extending service to addicts. Referrals have been from the courts, probation and parole authorities, medical sources, families and friends, and the addicts themselves.

An extensive educational program on drug abuse has been developed. Its focus has been to make the public, especially the teen-age population, conscious of the full range of harmful effects, physical and psychological, that narcotic and dangerous drugs can produce.

The research program demonstrated that there is a problem of some magnitude in drug addiction and abuse in theCommonwealth, not restricted to any one locality or group. Although there seemed to be a higher incidence in the urban areas and among disadvantaged groups, others not suffering the same social disabilities were also shown to be subject to this unfortunate affliction.

In the future, the after-care program is to be more fully developed, so that persons discharged from the treatment center may be provided with more intensive assistance and support when they return to the community. A halfway house in Boston would give residence to addicts who have recently completed treatment at the center but are not yet capable of functioning on their own in the community. Vocational rehabilitation and a sheltered workshop are necessary ingredients of the long-range treatment plan since many addicts do not have a trade or skilled background and need guidance to compete in community life. An increase in the number of treatment facilities will provide additional out-patient and in-patient care throughout the State.

Health Statistics

Chapter 508 of the Acts of 1964 transferred the tabulation and analysis of vital statistics from the Secretary of State's office to the Department. The registration function of vital documents, births, deaths, and marriage certificates, remains with the Secretary of State's office. The personnel and machines were transferred physically from theSecretary of State's office to the Department's space in the State House which meant relocating the Section of Public Health Nursing to rented space outside of the State House. The National Center for Health Statistics continues to pay for consultant services to Massachusetts on about a once-a-week basis. Arrangements have been made with the machine unit of the Division of Adult Health, physically located at the Lemuel Shattuck Hospital, whereby all of the 1964 data is being tabulated so that a 1964 annual vital statistics report (Public Document #1) will be completed and published early in the calendar year 1966. This will be the first time in recent years that an annual report will have been issued this soon. In addition, routine information is being furnished to several units within and outside the Department, such as the Divisions of Tuberculosis, Adult Health, and Alcoholism and the National Safety Council.

In order to modernize the work of this unit, additional personnel and equipment are needed. Requests for some of this have been included in the budget for fiscal year 1966. It is hoped in the coming year to expand the functions of this unit so that routine data -- births, deaths, and marriages -- may be furnished at frequent intervals throughout the calendar year and that special requests for data can be furnished on a more extensive basis than heretofore. As soon as the operations of this unit are modernized for the handling of the basic data, plans will be formulated for programming the work of this unit on computers.

Division of Health Education

One definition of health education states that it is "a process of growth in an individual by means of which he alters his behavior or changes his attitudes toward health practices as a result of new experiences he has had." To achieve the maximum beneficial growth and attitude change in the population of Massachusetts is the broad general goal of the entire Department. To assist the various units of the Department with the technical advice, assistance and services needed to achieve this goal is the purpose of the Division of Health Education.

Programs in smoking control for adults were conducted in Fall River and reunion programs in Worcester. A pilot smoking program for high school students was carried out throughout the school year in order to develop guidelines for future activity in this area. Safety programs for selected groups were presented and intensive participation in the licensing of Day Care agencies involved the district health educators. Migrant health, health councils, programming for the various associated boards of health, participation in professional organizations, legislation, and community organization for specific program goals were all conducted during the year. The full-time health educators on the Vaccination Assistance Program completed activities in the western part of the State and began intensive organization in the east.

In anticipation of 1969, the 100th anniversary of the founding of the Department, plans for suitable celebration have been started. Public health, medical and allied professional organizations have been invited to hold their respective annual meetings in Boston that year. A history of the Department, which is the first established official State public health agency to conduct broad generalized programs, is being written and will be published by the beginning of the Centennial year.

The public relations unit scheduled radio and television programs and issued newspaper features and releases. Two thirty-minute programs on teen-age drinking resulted in over three hundred immediate requests for the booklet offered on the program. A similar response followed a program on smoking. Coverage was provided for the dedication of the Lakeville Hospital, the dedication of the closed-circuit television installation at Massachusetts Hospital School, opening ceremonies of the Cobalt-60 Suite at Western Massachusetts Hospital, and the groundbreaking ceremonies for the new hospital at Tewksbury.

A monthly column was circulated to all papers on timely health topics, covering such subjects as glaucoma, coronary attack, arthritis, alcoholism, fire safety, and dog bite.

The Department's publication "This Week in Public Health" was issued weekly. It summarized current information and news from outside sources as well as from the various units of the Department. Readers included health department staff at all levels, professional workers in voluntary health agencies and schools, many practicing physicians and nurses, and interested lay people.

New employees, students and visitors to the Department were assisted with orientation, projects, and information concerning Departmental structure and program. Specific requests for information by the general public were answered promptly.

The library, except for a modest number of volumes having archive interest, consists mainly of pertinent professional journals and standard textbooks dealing with various aspects of public health. Current publications were circulated to the offices of the Department, and inquiries for reference materials were answered. An acquisitions list was published periodically.

The production unit was the target of concentrated administrative

review during the year, with a number of essential changes successfully accomplished. The entire policy and procedure manual was revised, enabling more efficient use of all services, ranging from art consultation to production of original leaflets. The Manual of Public Health Laws was compiled and assembled by the Division, with duplication by an outside printing company. Copies were mailed to all boards of health, public libraries, and interested legislative groups.

The art, exhibit and consultation services in visual aids and techniques continued to be well used by the Department and outside health agencies. Major health meetings and conventions were furnished with exhibits covering a variety of subjects. The film library was heavily utilized by nursing and other professional training schools.

Division of Research, Development, and Professional Training

The purposes of the Division are to stimulate, initiate and promote research endeavor within the Department and in other health agencies in the Commonwealth; and to develop training programs for continuing education of health and medical-care personnel.

The Residency Training Program for Physicians in Public Health continued and a Residency Program for Public Health Dentists was established.

The groundwork was laid for a closed-circuit television system within the Department and with the Departments of Mental Health and Education. There was also coordinated effort with other departments for the development of a computer complex and training of personnel in data processing. Supervision and administration continued of survey aspects of the Vaccination Assistance Program.

In cooperation with the Massachusetts Sanitarians Association, a one-day course on Swimming Pool Code Interpretation was prepared and presented in three different areas. A three-day course on Communications in Public Health was organized, with the Massachusetts Health Officers Association, and presented by the staff of Northeastern University Bureau of Business and Industrial Training. Five programs were planned for the Central Massachusetts Associated Boards of Health. The Division cooperated with the Division of Hospital Facilities and the Technological Branch of the Communicable Disease Center in a two-day course on Microbiology of the Hospital Environment for the staff of hospitals licensed by the Department.

Future programming will emphasize the development of in-service training within the Department. Research grant requests are to be submitted for evaluation of the closed-circuit television at the Massachusetts Hospital School and for a state-wide engineering survey of appropriate locations for closed-circuit television installations in a Commonwealth network.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products
Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products
Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion
Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56; 7/10/62; 1/12/65

Cancer clinic and service unit values
Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

Diseases dangerous to public health
Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable
Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/8/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health
Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52; 8/11/64

Conveyance of bodies dead of diseases dangerous to public health
Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health
Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines
Adopted 12/10/57

Treatment of persons exposed to rabies
Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories
Adopted 9/12/39

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water
Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages
Adopted 5/8/56

Slaughtering and meat inspection
Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses
Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk
Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix
Adopted 9/11/34; amended 5/8/56; 6/9/59; 12/8/59

Bakeries and bakery products
Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"
Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk
Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Addition of vitamins and minerals to milk, nonfat milk, skimmed milk, fortified nonfat milk, and fortified skimmed milk
Adopted 2/13/62

Standards and definitions of purity and quality of food
Adopted 2/9/37; amended 5/8/56; 11/10/64

Dietetic foods
Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink
Adopted 11/10/59

Cacao products
Adopted 8/13/57

Licensing of hospitals and sanatoria
Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50; 1/12/65

Licensing of rest homes
Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and nursing homes
Adopted 11/3/48; amended 12/3/57; 11/8/60; 6/9/64

Dispensary license
Adopted 1/12/19; amended 5/13/19; 5/10/38; 6/9/64

For preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supply
Adopted 10/11/60

Cross connections between public water supplies and fire and industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats
Adopted 8/14/45; amended 10/14/45

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls
Adopted 11/3/46

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg nog
Adopted 6/12/56

Flavored milk
Adopted 6/12/56

Fortified nonfat milk, half and half, standardized milk
Adopted 7/10/56

Cottage cheese
Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad dressing, french dressing
Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams
Adopted 7/10/56

Sale of rabbits intended for food purposes
Adopted 5/14/29

Manufacture and labelling of articles of bedding and upholstered furniture
Adopted 11/12/35

Cold storage
Adopted 10/10/33

Dental clinic license
Adopted 8/10/43; amended 6/9/64

Police station houses, lock-ups, houses of detention, jails, houses of correction, prisons and reformatories
Adopted 1910; amended 4/8/30; 6/15/48

Standards for tuberculosis hospitals and sanatoria
Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/33; 5/10/38; 10/21/48

Subsidy for the hospitalization of the tuberculous
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries are defined by Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians
Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital
Adopted 5/14/57

Hospitalization of patients with chronic rheumatism
Adopted 5/8/45

Reporting and control of venereal diseases
Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care
Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates
Adopted 4/11/50

Physical examination of school children
Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film
Adopted 4/12/60

Disposal of containers of poisonous substances
Adopted 4/12/60

Administration and dispensing of harmful drugs
Adopted 2/14/61

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice
Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon Tetrachloride and other harmful substances (approved jointly with Department of Labor and Industries)
Adopted 6/12/56

Sanitary Code, Article I, "General Application and Administration"
Adopted 9/15/60

Sanitary Code, Article II, "Minimum Standards of Fitness for Human Habitation"
Adopted 9/15/60; revised 12/12/61

Sanitary Code, Article III, "Housing and Sanitation Standards for Farm Labor Camps"
Adopted 10/11/60

Sanitary Code, Article IV, "Sanitation Standards for Recreational Camps for Children"
Adopted 11/1/61; amended 5/14/63

Sanitary Code, Article XI, "Minimum Requirements for the Disposal of Sanitary Sewage"
Adopted 1/9/62; revised 5/15/62

To prevent pollution or undue contamination of the atmosphere within the Metropolitan Air Pollution Control District
Adopted 7/11/61

To control the radiation hazards of radioactive materials and of machines which emit ionizing radiation
Adopted 2/13/62

Bedding, upholstered furniture and related products
Adopted 5/15/62; amended 9/12/63

Regulations relative to storage and distribution of frozen foods
Promulgated by Director of Food and Drugs, effective 8/1/60; amended 11/10/64

Regulations promulgated by Director of Marine Fisheries
Approved for sanitary requirements 4/13/42; 12/10/57

Regulations promulgated by the Director of Marine Fisheries relative to permits and certificates issued for the sanitary control of the shellfish industry, and relative to the sanitary condition of scallop operations
Approved 7/11/61; 9/19/61

Standards of admission, treatment, transfer and discharge of tuberculosis patients
Adopted 2/12/63

Hospital or sanatorium treatment standards for tuberculosis
Adopted 2/12/63

Sanitary Code, Article VIII, "Minimum Standards for Developed Family Type Camp Grounds"
Adopted 5/14/63

Regulations relative to devices
Adopted 4/9/63

Regulations for day care services for children
Adopted 12/10/63

Regulations relative to the identity, manufacture and sale of frozen dietary dairy desserts
Adopted 1/14/64

Sanitary Code, Article VI, "Minimum Standards for Swimming Pools"
Adopted 4/14/64

Sanitary Code, Article X, "Minimum Sanitation Standards for Food Service Establishments"
Adopted 1/1/65

Legislation

The following legislation of particular interest to public health was passed by the 1964 and 1965 Legislature and enacted into law:

Acts of 1964 (July 1 - July 4, 1964)

Chapter

640 - An act to provide for a capital outlay program for the Commonwealth.

643 - An act relating to the water resources of the Commonwealth.

653 - An act providing that records shall be kept by hospitals, dispensaries, or clinics, and sanatoria supported by the Commonwealth and that such records shall be admissible in evidence.

665 - An act in addition to the general appropriation act making appropriations to supplement certain items contained therein, and for certain new activities and projects.

666 - An act authorizing the City of Quincy to construct an incinerator adjacent to Hardwick Quarry on Quarry Street in said city.

708 - An act in addition to the general appropriation act making appropriations to supplement certain items contained therein, and for certain new activities and projects.

729 - An act authorizing the City of Brockton to borrow money for the purpose of constructing covers for the Twin Reservoirs in the Town of Avon.

736 - An act authorizing cities and towns to construct and operate a system or systems of sewerage and sewage disposal.

Resolves of 1964 (July 1 - July 4, 1964)

110 - Resolve reviving and continuing the special commission established to make an investigation and study of the laws of the Commonwealth relative to water pollution .

Acts of 1965 (January 1 - June 30, 1965)

10 - An act exempting certain records from the law prohibiting disclosure of information about certain vital statistics.

12 - An act relative to the recording of certain births, marriages and deaths.

27 - An act increasing the penalty for the sale or delivery of harmful drugs without prescription.

31 - An act exempting certain offices and positions from the application of the Civil Service rules.

32 - An act requiring that certain information be submitted by appointing authorities to insure compliance with the Civil Service laws and rules.

33 - An act clarifying the computation of certain time limitations contained in the Civil Service law.

35 - An act defining the word "ambulance" under the motor vehicle laws.

44 - An act relative to the carrying of firearms in a vehicle.

46 - An act relative to the qualifications of applicants for examination and registration as veterinarians.

52 - An act relative to standards of quality of eggs sold at retail.

53 - An act providing that examinations to establish Civil Service promotional lists for promotion shall not be restricted to either sex.

66 - An act increasing the amounts which may be appropriated by cities and towns for local councils on aging.

68 - An act permitting cities and towns to borrow money outside of the debt limit for buildings for water treatment.

69 - An act requiring certain motor vehicles to be equipped with a flashing device for directional signals for use in an emergency.

70 - An act relative to the importation of shellfish for consumption as food.

72 - An act relative to the control and eradication of brucellosis in bovine animals.

104 - An act relative to the establishment of rules and regulations by the Milk Regulation Board.

109 - An act defining the term "seed potatoes" and regulating the sale thereof.

124 - An act increasing the penalties for shellfishing in contaminated areas and for transporting or possessing shellfish dug or taken from contaminated areas.

160 - An act authorizing the Department of Public Health to grant certain temporary, provisional or probationary licenses.

178 - An act enlarging the Metropolitan Area Planning District.

181 - An act authorizing the gas fitting regulatory board to utilize local gas inspectors to inspect buildings owned or used by the Commonwealth.

192 - An act authorizing the consolidation of Boston Lying-in Hospital and Free Hospital for Women.

199 - An act relative to regulations for preventing or retarding the escape of gas in case of fire.

223 - An act relative to the standardization of milk.

229 - An act authorizing registered chiropodists (podiatrists) to possess certain drugs and to write prescriptions for such drugs and compounds thereof.

237 - An act relative to eligibility in competitive promotional examinations for positions under Civil Service.

261 - An act further regulating appeals from Civil Service examinations.

297 - An act providing that blood, blood plasma, and certain other human tissue and organs from blood banks or reservoirs of such tissues and organs shall not be considered "commodities" and subject to certain provisions of the uniform commercial code.

302 - An act extending the statute of limitations in malpractice cases.

341 - An act relative to the posting of Civil Service seniority lists.

347 - An act relative to the enforcement of regulations of the Department of Public Health for preventing the pollution or contamination of waters of the Commonwealth.

350 - An act making appropriations for the fiscal year ending June thirtieth, Nineteen Hundred and Sixty-five, to provide for supplementing certain existing appropriations and for certain new activities and projects.

358 - An act providing for the establishment of a uniform plumbing code in cities and towns.

361 - An act further defining the law relative to reassigning certain employees under Civil Service.

362 - An act defining "resident" for purposes of chronic non-residency in the tuberculosis law.

368 - An act further defining the laws relative to the labeling of feathers and down when used as a filling in furniture or bedding.

374 - An act providing for the use of local governmental employees' group insurance dividends, or refunds to reduce the employees' share of premium costs.

389 - An act further defining the powers of the Metropolitan Area Planning Council.

397 - An act prohibiting discrimination in employment because of sex.

407 - An act increasing the penalty for furnishing any drug or any other article to a prisoner without permission.

442 - An act providing that non-profit medical service plans may include benefits for visual services.

445 - An act expediting the preparation and publication of Civil Service lists.

462 - An act directing the Department of Public Health to clear the weeds and other growth from Quaboag Pond in the towns of Brookfield and East Brookfield.

469 - An act redefining the term "rest home" as used in the law regulating the licensing of such homes.

472 - An act providing penalties for knowingly violating certain rules and regulations of the Department of Public Health relative to air pollution control in the Metropolitan Air Pollution District.

473 - An act granting certain powers to the Commissioner of Public Health upon the declaration of an emergency.

484 - An act establishing an Advisory Council on Radiation Protection.

495 - An act relative to the penalty for violating rules and regulations of the Department of Public Health to protect the public against the hazards of ionizing radiation.

508 - An act making appropriations for the fiscal year ending June thirtieth, Nineteen Hundred and Sixty-five, to provide for supplementing certain existing appropriations.

510 - An act extending certain provisional appointments and temporary transfers for a limited period.

512 - An act authorizing the Town of Wilmington to take by eminent domain for the use of its Water Department a certain parcel of land located in said town.

514 - An act providing that certain laws applicable to the manufacture and sale of bedding and upholstered furniture shall apply to stuffed toys.

515 - An act relative to the licensing of manufacturers and distributors of harmful drugs and providing penalties for violation of provisions of law in respect thereto.

534 - An act exempting enrollees in the Anti-Poverty Programs from the operation of the Civil Service laws and rules.

541 - An act making appropriations for the fiscal year ending June thirtieth, Nineteen Hundred and Sixty-five, to provide for supplementing certain existing appropriations and for certain new activities and projects.

552 - An act authorizing the Town of Brewster to supply itself and its inhabitants with water.

568 - An act establishing the Office of River Pollution Officer in the cities of Salem, Peabody and Beverly.

578 - An act exempting physicians from civil liability as a result of rendering certain emergency care.

579 - An act making certain appropriations for the fiscal year nineteen hundred and sixty-six prior to final action on the general appropriation bill for said year.

Resolves of 1965 (January 1 - June 30, 1965)

11 - Resolve further reviving and continuing the special commission established to make an investigation and study relative to retarded children and the training facilities available therefor.

24 - Resolve providing for an investigation and study by a special commission relative to seasonal workers on farms.

27 - Resolve further reviving and continuing the special commission established to make a study of the laws relating to convalescent or nursing homes, and to the standards and costs thereof.

28 - Resolve further reviving and continuing the special commission established to investigate and study the administration of the Department of Mental Health and certain other matters.

29 - Resolve extending the time within which the special commission established to make an investigation and study of the status of women in employment and other areas shall complete its investigation and study and file its final report.

31 - Resolve providing for an investigation and study of the problems of air pollution, noises and other menaces to public health and safety affecting the area surrounding the General Edward Lawrence Logan International Airport.

40 - Resolve providing for an investigation and study by a special commission relative to dissemination of information by registered physicians and registered pharmacists.

48 - Resolve increasing the scope of the special commission established to make an investigation and study relative to retarded children and the training facilities available therefor.

52 - Resolve providing for an investigation and study by a special commission relative to the assessment of the costs of Bristol County Hospital and Nursing Home for the Aging.

58 - Resolve further reviving and continuing the special commission established to make an investigation and study relative to the establishment of a half-way house for the rehabilitation of alcoholics.

59 - Resolve providing for an investigation and study by the Retirement Law Commission relative to providing that members of paid fire and police departments injured or killed while on mutual aid, so called, shall be entitled to certain benefits under the retirement laws.

60 - Resolve providing for an investigation and study by a special commission relative to the enforcement of the laws prohibiting air pollution.

65 - Resolve providing for an investigation and study by a special commission relative to the feasibility of establishing a public authority to alleviate the problems of solid waste disposal and all matters relative thereto.

68 - Resolve further continuing the investigation and survey relative to the elimination or control of submerged weeds in certain great ponds of the commonwealth.

RECOMMENDATIONS FOR 1966 LEGISLATION

Following is the legislation to be submitted to the next session of the General Court by the Department:

1. AN ACT PROVIDING FOR THE PROTECTION OF THE PUBLIC HEALTH AS RELATED TO CERTAIN NUCLEAR FACILITIES.

At the present time the Department is required to approve proposed systems for water supply or for the disposal of drainage or sewage. Under the new bill there would be added to these duties of the Department the requirement that it approve the plans or design for any nuclear facility. The proposed bill also provides for a fine if the provisions of the paragraph are violated.

It provides that the Department may, after notice and a hearing, order additions or improvements to the facilities described above if in the Department's opinion these additions or improvements are required for the protection of the public health, comfort, or convenience.

2. AN ACT PROVIDING THAT NO WORKS OR SYSTEM FOR DISPOSAL OF REFUSE SHALL BE ESTABLISHED OR CONSTRUCTED UNLESS THE PLANS OR DESIGNS THEREFOR HAVE BEEN APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH.

At the present time, the Department is required to approve proposed systems for water supply or for the disposal of drainage or sewage. Under the new bill there would be added to these duties of the Department, the requirement that it approve the plans or design for refuse transfer station, refuse incinerators, and compost plants. The proposed bill also provides for a fine if the provisions of the paragraph are violated.

3. AN ACT RELATIVE TO THE DISPOSAL OF GARBAGE, REFUSE AND OFFAL.

Under the present first paragraph of Section 4 of Chapter 40 of the General Laws, towns have the power to contract for a period not exceeding 20 years for the disposal of refuse by incineration. The proposed law would expand the provisions of the original law by including the disposal of refuse by composting, sanitary landfill or in any other sanitary manner approved by the Department. It would allow communities to contract for a period not exceeding 20 years for refuse disposal in the ways enumerated above and under the same conditions as is spelled out in the present law.

4. AN ACT RELATIVE TO WATER SUPPLY CROSS CONNECTIONS.

The existing fee for an annual permit to maintain a water supply cross-connection is $10.00. It is estimated that the average costs to the Commonwealth of supervising an approved water supply cross-connection exceed $25.00 per year.

Accordingly, it appears appropriate to increase the annual fee to $25.00 so that the Commonwealth will be compensated more adequately for the expense of carrying on this program. Further, the number of new cross-connections has been increasing steadily. An increased permit fee would tend to encourage owners to avoid or eliminate cross-connections .

requiring departmental supervision.

State departments, agencies and institutions (including Department of Public Health institutions) maintaining water supply cross-connections are required to obtain an annual permit and to pay the annual fee. In the case of state departments, institutions and agencies, the processing of the fee entails considerable paper work which appears to serve no useful purpose. Accordingly, it is recommended that Chapter 111, Section 160A be amended to eliminate this situation.

5. AN ACT RELATIVE TO THE PROTECTION OF FLOOD PLAINS.

There appear to be two basic defects in Chapter 220 of the Acts of 1965.

(1) Although the chapter relates to water supply matters, no mention is made of the Department of Public Health. While the Department of Natural Resources has adopted the practice of notifying the Department of Public Health of each matter coming to their attention, there is no legal authority assigned to us as regards water supply.

(2) The type of activity which the act controls may have public health implications aside from water supply, but the act does not take cognizance of this fact.

6. AN ACT RELATIVE TO THE DEMOLITION OR CLEANING OF DWELLINGS UNDER THE STATE SANITARY CODE.

At the present time Section 5, Chapter 111 of the General Laws provides, in part, that if premises are to be demolished a claim for the expense so incurred by the board shall constitute a debt due the city or town. Proposed legislation would provide that if the premises are cleaned or the structure is demolished, the expense incurred by the board shall constitute a debt due the city or town.

7. AN ACT PERTAINING TO THE ASSIGNMENT OF A SITE FOR REFUSE DISPOSAL.

The proposed new Section 150A of Chapter 111 of the General Laws would require that a site for a refuse transfer station, refuse disposal incinerator, or refuse disposal composting plant be assigned for such purpose by the local board of health. The present Section 150A provides for such assignment in the case of an incinerator or a dumping ground only.

The proposed law also provides that any place in a city or town which is now assigned as a dumping ground for garbage, rubbish or refuse shall within 90 days after passage of the act be deemed to have been assigned as a sanitary landfill and shall be maintained and operated under rules and regulations to be adopted by the Department of Public Health.

8. AN ACT RELATIVE TO CERTAIN EMPLOYEES.

Under present law, engineers and firemen employed in the Department of Public Health are required to take a civil service examination in addition to their State licensing examination. Whereas, engineers and firemen employed in the Department of Mental Health are required to take

only the licensing examination -- no civil service examination.

This places the Department of Public Health at a disadvantage, making it almost impossible to compete with the Department of Mental Health in recruiting engineers and firemen. As a result, the Department of Public Health has a number of vacancies in these positions.

9. RESOLVE PROVIDING FOR AN INVESTIGATION AND STUDY BY A SPECIAL COMMISSION OF THE CONDITION OF DENTAL HEALTH, ESPECIALLY AMONG CHILDREN, AND OF APPROPRIATE MEASURES TOWARD ELIMINATING DENTAL DECAY, INCLUDING THE FLUORIDATION OF ALL COMMUNITY WATER SUPPLIES.

The proposed resolve calls for the creation of a special commission to study the condition of dental health, with particular reference to the prevalence of dental decay (dental caries) in children, and of feasible and appropriate measures toward its prevention. The study, which is to recommend and contain drafts of necessary legislation, is to include the possibility of fluoridating all community water supplies. A report is to be filed by the commission on or before the first Wednesday of October, 1966.

No thorough study of the problems of dental decay and its solution has been undertaken by a legislative commission for approximately twenty years, or since 1946. (See 1946 House Document Number 1608.) The report issued then notes the wide-spread existence of dental caries, and characterizes that condition as, "without doubt the most common of all diseases which afflicts the human body, and one from which very few persons among civilized nations entirely escape." It is time for a new look into the condition of dental health and care, especially among children, and of recommending appropriate measures, including the possibility of state-wide fluoridation of public water supplies, if found appropriate and feasible, to deal with the prevalence of dental decay.

DEPARTMENT OF PUBLIC HEALTH

BUDGET 1964 - 1965

GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

YEAR	TOTAL BUDGET	PER CAPITA	TOTAL STATE	PER CAPITA	TOTAL FEDERAL	PER CAPITA
1965	$32,917,405.	$6.21	$30,035,683.	$5.67	$2,881,722.	$ .54
			DEPARTMENT - MAINTENANCE			
1965	$14,551,870.	$2.74	$11,670,148.	$2.20	$2,881,722.	$ .54
			INSTITUTION - MAINTENANCE			
1965	$18,365,535.	$3.47	$18,365,535.	$3.47		

DEPARTMENT EXPENDITURES 1964 - 1965

	TOTAL	STATE	FEDERAL
Commissioner's salary	$ 23,000.00	$ 23,000.00	
Administration	688,287.25	392,521.89	295,765.36
Mass. Committee on Children & Youth	68,195.03	5,603.22	62,591.81
Drug Addiction Rehabilitation Board	151,017.69	151,017.69	
Radiological Health	25,075.58	--------	25,075.58
Training & Research	207,985.98	--------	207,985.98
Environmental Sanitation	667,440.29	633,616.07	33,824.22
Special Projects	35,793.15	35,793.15	--------
Water Pollution Control	124,419.36	--------	124,419.36
Air Pollution Control	76,240.01	51,664.87	24,575.14
N.E. Interstate Water Pollution Control	9,687.50	9,687.50	--------
Radiological Health	52,357.39	40,618.17	11,739.22
Chronic Disease Control	1,852,644.05	1,497,083.74	355,560.31
Poliomyelitis Vaccine Program	364,708.42	364,708.42	--------
Study Relative to Equine Encephalitis	22,748.14	22,748.14	--------
Vaccination Assistance Project	186,897.68	--------	186,897.68
Radiological Health	15,789.80	15,789.80	--------
Consumer Products Protection	536,039.20	516,731.90	19,307.30
Pesticide Board	16,986.55	16,986.55	--------
Radiological Health	30,776.60	17,668.61	13,107.99
Health Services	1,744,609.28	913,087.18	831,522.10
Care of Prematurely Born Infants	146,271.35	146,271.35	--------
Diseases Dangerous to Public Health		--------	--------
Local Child Accident Prevention	80.24	--------	80.24
Radiological Health	5,214.75	--------	5,214.75

DEPARTMENT EXPENDITURES - 1964 - 1965

CONTINUED

	TOTAL	STATE	FEDERAL
Hospital Facilities	158,298.12	102,406.63	55,891.49
Radiological Health	30,287.18	4,937.40	25,349.78
Tuberculosis Control	5,441,520.48	5,426,128.77	15,391.71
Subsidies for T.B. Patients	--------	--------	--------
Institute of Laboratories	1,113,781.57	1,053,455.36	60,326.21
Grants in Aid	9,868.50	--------	9,868.50
Capital Outlay	41,037.29	41,037.29	--------
TOTAL EXPENDITURES	13,847,058.43	11,482,563.70	2,364,494.73

BUREAU OF CHRONIC DISEASE CONTROL

Lemuel Shattuck Hospital

The Lemuel Shattuck Hospital is an institution for the active treatment of chronic disease and of acute illness as it occurs in the chronically ill patient.

With the transfer of the offices of the Division of Adult Health to the eleventh floor of the hospital, key personnel of the division and the hospital began regular meetings to discuss mutual problems and ways of integrating in-patient care and community service in the field of chronic disease.

The hospital has continued to be active in training programs involving doctors, nurses and various types of technicians. The staff of physical therapists and occupational therapists is almost entirely recruited from students trained at the hospital, and large numbers of the licensed practical nurses are graduates of the hospital school. A reorganization in the patient-supportive services has resulted in more volunteers, more recreational therapists, and more attention to the patients' personal needs.

The Medical Service has been reorganized so that the patients with general medical problems requiring intensive therapy similar to that required in an acute general hospital are cared for on three units by the assistant residents, senior residents, and medical students. Specialty units have been created for patients with cirrhosis, pulmonary disease, cancer and rehabilitation problems, to which they are transferred after it is apparent they need longer term hospitalization and less intensive care. An intensive care unit for patients with life-threatening illness will be set up in the near future.

A revised disaster plan is being developed for the entire hospital to allow the mobilization of the hospital facilities and their adaptation for the care of acute mass casualties.

The responsibility for the management of the Tumor Registry has been accepted by the Chief of Service and a statistical review has been made of the cases of carcinoma handled by the hospital from 1958 to 1963.

Plans are being drawn up for a program for neurological training for general practitioners and state hospital physicians who will need additional special training to meet the need of expanded Federal activity in the treatment of neurological disease and mental retardation.

Division of Adult Health

The over-all objective of the Division is to prevent and limit the development of chronic disease and disability in the people of Massachusetts to the fullest extent possible through the application of modern

medical knowledge and public health techniques.

During the fiscal year 1964-1965, the following major activities were undertaken:

A state-wide program for the rapid identification of Group A streptococci as a primary preventive measure for rheumatic fever.

A demonstration project in cervical cancer detection involving private physicians.

The organization of a glaucoma screening program, involving the development of operational standards and record forms, and participation with the Massachusetts Society for Prevention of Blindness and local community groups in twenty glaucoma screening clinics.

Initial planning for a program for the early detection of diabetes mellitus.

Development of plans jointly with the Massachusetts Hospital Association for a series of conferences for hospital administrators on "Long-Term Care Planning for the Chronically Ill."

Contributions toward the development of home health services in the community, especially in the area of homemaker, bedside nursing and rehabilitation services.

Strengthening of the administration of the Chronic Disease Grants Program.

Expansion of the traditional activities of the Nursing Home Section; initiation of a classification system to provide a basis for relating nursing home rates to the type of facility and the kinds of patients that the nursing home can best accommodate; revision of the annual report form to include additional needed information and coded data for machine processing; collection and processing of data pertinent to area-wide planning; organization of and participation in a variety of educational programs for nursing home personnel; beginning definition of proposed criteria for new nursing home construction; participation in a demonstration project concerned with the extension of hospital and other community agency resources to a group of nursing homes.

State-wide or regional institutes and conferences on social services for nursing home patients, management of special diets in nursing homes, development of community cardiovascular disease programs, and future trends in cancer control.

Development of record forms for homemaker, nutrition and information and referral services, in order that tools will be available to community agencies for the measurement and evaluation of services. (Data processing and analysis of record data will be worked out cooperatively between the agency and the Division.)

Studies to provide a basis for program development, or to identify needs in the chronic disease field, such as: foster care programs, medical

care costs of cancer patients, adequacy of community health services and facilities for non-hospitalized terminally ill patients, social needs of patients served by cardiac clinics, hospital routine admission laboratory tests, out-of-hospital experience of patients discharged from Lemuel Shattuck Hospital, nutrition practices in Massachusetts.

Future plans include:

Application of available knowledge toward the further development of preventive services, especially in the areas of cancer, heart disease, glaucoma and diabetes.

Evaluation of the present cancer and cardiac clinic programs supported by the Division and consideration of alternative uses of categorical funds in order to best meet program objectives.

Development of closer coordination of preventive, diagnostic, therapeutic and rehabilitation services for the chronically ill and utilization of the opportunities provided through the proximity of the Lemuel Shattuck Hospital to explore, on a demonstration basis, the feasibility of this concept.

Continued participation and leadership in the development of home health services throughout the State in cooperation with existing community health agencies, councils, and other program planning groups.

Active demonstration of a foster care program as one alternative to institutional care.

Continued development and extension of standard record forms for various home health services in order that data may be systematically collected to measure the utilization and effectiveness of these services.

Development of mechanisms for compiling data on community health and social resources to determine the need for services and for area-wide planning.

Development, in conjunction with the Lemuel Shattuck Hospital, of a "Regional Training Program in Continuity of Care" which has recently been funded by a Public Health Service Contract.

Participation with appropriate professional organizations in the development of plans for the training of aides in social work, physical therapy, occupational therapy, nursing, home management, etc. to augment the supply of auxiliary personnel needed to staff both institutional and home health services for the chronically ill.

Operation of the Nursing Home Section at a level where the responsibilities for implementing statutory recommendations and regulations will not be impeded; educational programs to upgrade services in nursing homes; prototype designs and staffing patterns for nursing homes; experiments in the organization of special nursing home facilities, i.e., younger age groups, multi-care facilities and day care facilities.

In collaboration with voluntary and official agencies in the State, development of anti-smoking program and delineation of the specific contribution which the Division can make to this program in a specific community.

Provision of emotional support for patients with chronic diseases and their families through professional education, patient and family counseling and other approaches.

Division of Communicable Diseases

The Division operates two separate and distinct programs, a communicable disease program which is essentially advisory and investigatory, and a venereal disease control program which combines the features of a medical care program and epidemiologic responsibility.

Under the communicable disease program and after consultation with all interested parties and a public hearing, the Isolation and Quarantine Regulations were revised and passed by the Public Health Council on August 11, 1964.

Rabies control measures have been itensified. Warning of the presence of rabies in bats and the necessity of prophylactic treatment after exposure to proved or potentially rabid animals has been repeated.

Circular letters sent to all hospitals in the Commonwealth in October and again in June urged smallpox vaccination for all medical and paramedical personnel every three years. A new drug, methisazone, now being evaluated clinically, shows promise as a prophylactic measure after exposure to smallpox. Adult convalescent chicken pox cases have been referred to the Metropolitan Boston Red Cross Blood Center, which collects their blood and supplies hyperimmune gamma globulin-chicken pox to the Children's Medical Center. This product is being evaluated as a prophylactic against herpes zoster in leukemic children. Last year was the first polio-free year in the history of the Commonwealth. The Department's annual revision of "Recommended Immunization Procedures" was sent to all local boards of health. Amantadine hydrochloride is being evaluated clinically at Nazareth for prophylaxis and treatment of Asian influenza and rubella.

Measles cases for 1965-66 are expected to be even higher than last year, and a budget request has been made to supply local boards of health with live measles vaccine - Schwarz strain. Measles vaccine supplied by the Department will be used in well-child and pediatric clinics for children aged from nine months to five years. Rubella should increase during the next season but a satisfactory vaccine is not expected to be available for at least another five years. An increase in influenza, mostly Asian, with some influenza B, is expected during the winter of 1965-1966.

During the year 1964 gonorrhea, late latent and latent syphilis, and congenital syphilis increased; primary and secondary syphilis, early latent syphilis, and infectious syphilis, primary, secondary and early latent, decreased. Records indicate that the biggest source of venereal disease contacts was the pickup, with taverns, bars and restaurants the principal places of pickup, and home, hotels and automobiles the places of exposure.

The follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease continued and military patients in Massachusetts were interviewed for their contacts. Plans were extended for reciprocity agreements on the premarital examination law.

The active training program included lectures on venereal disease, social health and communicable diseases, instruction in venereal disease control, film showings, distribution of literature, consultations, radio and television broadcasts, and publications.

Intensification of the Sero-Reactor and Private Physician Visitation programs disclosed more new cases of early infectious syphilis. The Division participated in a national study to determine the incidence of penicillin reactions in venereal disease patients.

Under Project Grants from the Public Health Service, the central office and field staff personnel attended national venereal disease conferences in various parts of the country and conducted a study on the attitudes of private physicians toward the venereal diseases. Another grant will enable the Division to evaluate current venereal disease educational movies for their effectiveness among the teen-age population.

Current applied research studies are: the sero-reactor study program, the military interviewing program, the Treponema pallidum immobilization test study, the Reiter protein complement fixation test study, the evaluation of the sensitivity of gonorrhea to penicillin, the cardiovascular syphilis study, the long-term follow-up of chronic biologic false positive reactors, analysis of questions asked by student nurses prior to the course on venereal diseases and the course on family life education, and the congenital syphilis study.

Division of Dental Health

The objectives of the Division are the prevention and control of oral diseases and malformations and the control of hazards to health secondary to the need for dental treatment procedures.

A Federal grant made it possible for the Division to develop within its own resources a teaching and training competence to be directed to the dental profession and the local administration of dental programs which the Division serves. The training of dentist residents in public health was undertaken for the first time. Treatment facilities for children with exceptional dentofacial handicaps were expanded and basic studies begun of the most effective methods for controlling disfiguring aberrations.

Inspection was completed of all the radiation sources employed by dentistry in the State, with full compliance with the Department's rules and regulations for radiation safety. Special studies were undertaken to document the most critical types of radiation exposure of the public from these sources.

Studies of the results of fluoridation continued, leaving little doubt as to the effectiveness of this dental caries preventive. Studies were also made on the use of topical fluoride formulas on control population groups and on the control of oral bacteria by oral hygiene methods.

Division of Alcoholism

It is the responsibility of the Division to establish programs for the diagnosis, treatment and rehabilitation of alcoholics, to study the problem of alcoholism, to develop and promote preventive and educational programs relating thereto, and to coordinate the work of all departments and agencies dealing with the care and treatment of alcoholics or with the problems of alcoholism.

Educational programs were carried out in Newton, Wrentham, Topsfield and Boxford and planning was completed for a community-wide program of alcohol education for teen-agers in Needham and for a demonstration program at Xaverian High School in Westwood. Two half-hour television programs stimulated an excellent response. Teachers and clergymen of several denominations were trained to carry out alcohol education activities.

The Division provided the coordinating effort for a national conference on "Legal Issues in Alcoholism and Alcohol Usage," the first of its kind in the nation, under the auspices of the Boston University-Law-Medicine Institute and ten national organizations. The Division has also begun coordinating the development of an alcoholism program at the Lemuel Shattuck Hospital and has helped in the development of several halfway houses.

A number of alcohol education programs were evaluated and a demonstration project in alcohol education, to be supported by Federal funds, is being developed. A research project on the relationship between alcohol and home accidents has been submitted. A study on delirium tremens at the Massachusetts Correctional Institution at Bridgewater was partially supported by the Division of Alcoholism. The training program for social and behavioral science doctoral students continued.

A new center for the chronic drunkenness offender is to be opened in Boston, with the program directed by the Division in partnership with Boston University Medical Center. New arrangements for services to alcoholics in Cambridge have been made, a main clinic at the Mt. Auburn Hospital and a satellite clinic at Cambridge City Hospital. The clinic at Barnstable County Hospital has been in operation for six months and a clinic session for alcoholics will soon be started at the Cape Cod Hospital.

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

The Bureau's responsibilities cover the areas of public health protection pertinent to food and drugs, cosmetics, devices, registration of pesticides, licensing of cold storage warehouses, sterilization of bedding and upholstered furniture, out-of-state soft drink and frozen dessert plants, methyl alcohol manufacture, narcotic drug manufacture, licensing of vending machines, selling of hypodermic needles and syringes, licensing of establishments using animals for experimental purposes, and fish inspection.

The Federal Food and Drug Administration has developed a data processing system programmed for this type of work, and the Commissioner has requested that the Massachusetts program be integrated with that of the Federal agency. While waiting for Federal action, a system is to be initiated on the State level.

The rules and regulations concerning eating and drinking establishments represent a milestone in food law enforcement in Massachusetts. It is hoped that a closer working relationship with the local health departments will result in a coordinated enforcement program pertaining to food service establishments.

The recommendations of the United States Department of Agriculture for the revision of the labeling of meat and meat products for a better consumer understanding of actual content are being reviewed by the Bureau.

Milk inspection continues on its anachronistic basis in Massachusetts. Local milk inspection, as separate from State milk inspection, should cease to exist and all milk inspection be integrated into one state-wide program, utilizing all available personnel.

In the field of bedding and upholstered furniture law enforcement, the Bureau continues, with the assistance of an advisory board, to keep the public informed as to the contents of filling material used by requiring proper labeling and to bring about more adequate sterilization of feathers and down used for filling materials.

The Pesticide Board continues to coordinate and survey the use of pesticides in the environment, licenses the users of pesticides who apply these products on the land of another, and controls experimental pesticide work.

The application of bacteriological standards to frozen foods has proved to be a valuable tool in insuring that the foods are free of pathogenic organisms and filth-oriented bacteria, indicating the sanitary conditions and processing procedures under which these products are manufactured. When these standards were initially established, no other regulatory agency had any experience in this field. As a result of laboratory work conducted by this Bureau, and by others who have adopted these

standards, the Federal Food and Drug Administration is giving this method of control of the quality of frozen foods a more prominent position in its enforcement work.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

The Division controls activities in water supply, radiological health, air pollution, community sanitation, and water pollution. It also supervises the Metropolitan Air Pollution Control District of Greater Boston and operates the Lawrence Experiment Station.

These activities have continued to expand, particularly in regard to the air pollution control program. Two separate Federal grants were received during the year, one providing for a detailed survey to be conducted in the Metropolitan Boston area in conjunction with the operation of the Metropolitan Air Pollution Control District, and the second for a survey to be conducted in the Springfield Metropolitan area.

The responsibility for providing adequate environmental health services in the cities and towns continues to rest almost entirely with local boards of health, but the Division cooperates with these agencies wherever possible. The Department has now adopted Article X of the State Sanitary Code, which provides for minimum sanitation standards for food service establishments. The Division serves as consultant and provides advisory services to local boards of health on problems they are not equipped or not qualified to handle. The demand for advice on local sewage disposal problems has become so great that it will probably be necessary to curtail this activity markedly. Efforts continue to be made to persuade local boards of health to assume the full responsibilities which are theirs by law.

In the field of water pollution control and solid waste disposal, original jurisdiction rests with the State or jointly with the State and local health agencies. The work in these fields has expanded and probably will continue to expand because of the pressure of recreational demands on the limited water resources and because of the encroachment of housing on those areas which are now being used as dumping grounds for solid wastes.

Increasing numbers of municipalities are experiencing difficulties with the operation of refuse disposal areas. Sites for new disposal areas to replace inadequate existing ones are more and more difficult to find. Some progress has been made by the Department in causing improvements in operation of refuse disposal areas and in closing areas that have caused severe nuisance conditions. Increasing numbers of municipalities are using Article II of the State Sanitary Code as a basis for housing code enforcement programs.

The dry period which began in June 1963 has continued and in a number of instances it has been necessary to impose or retain restriction on normal water use even during the winter. As of the end of June, eighteen communities were dependent upon emergency sources of supply and the Department had declared a water supply emergency in thirty-nine communities. The Department formally adopted a policy requiring disinfection of all surface water supplies used for domestic consumption. Up to the present time, it has been necessary to order chlorination in five instances. Two water treatment plants of novel design incorporating a diatomaceous earth filtration process for iron and manganese removal are in operation.

The Air Pollution Control-Radiological Health Section is concerned with the prevention or reduction of contamination of the atmosphere by all contaminants, including radioactive materials and ionizing radiation. It serves in an administrative and advisory capacity to the remaining Sections of the Division with respect to contamination of other aspects of the environment, water and soil, by radioactive materials. Its activities include the conduct of and advice on routine monitoring programs, public information and education activities, training, and the conduct of a direct enforcement program in the Metropolitan area of Boston and vicinity. Included in these activities are the maintenance of a substantial laboratory competence in terms of personnel and equipment for the analyses of samples of all phases of the environment for all contaminants. Special surveys are conducted where and when indicated. Consultation and advice are provided architects and engineers with respect to pollution abatement facilities and plans for such facilities are, in certain instances, approved. Examples are incinerators, power plants, and certain nuclear waste disposal facilities. State regulations for the control of atmospheric pollution and radiological health hazards have been promulgated and are enforced. In addition, local communities are encouraged to adopt air pollution control regulations with the Department's approval.

Notable recent steps toward improvement of atmospheric pollution control have been the institution of the Metropolitan Air Pollution Control District survey and the Springfield Metropolitan Control District Development Project. This latter project is designed to result in the formation of a district, similar to the Boston Metropolitan District, in the Lower Pioneer Valley area. Several communities, including Chicopee and Worcester, have recently adopted air pollution control regulations and the city of Worcester has instituted an air pollution control program of its own.

In Radiological Health, a routine surveillance program of rivers and tidal waters in connection with other monitoring and survey programs of the Water Pollution Control Section has been initiated and will provide a good picture of the status of radiological contamination. The monitoring of air for radiological contamination is being expanded in connection with the Boston Metropolitan Air Pollution Control District Survey. A special study on the matter of contamination of the environment by tritium from pressurized light water reactors is being conducted.

The Lawrence Experiment Station increased its capabilities for bacterial examination by additional Membrane Filter equipment, and is now able to process a much larger number of samples. More intensive studies were conducted on the condition of streams in the Commonwealth and of the polluting wastes being discharged into the streams. A significant test for iodine-131 was developed in order to determine at the earliest possible time following a nuclear detonation the level of radioactive debris falling out on the pasture lands in the Commonwealth. The Public Health Service and other agencies have shown great interest in the method. The laboratory was able to detect iodine-131 in the air at Lawrence following the Chinese Atomic Explosions. Three other studies were started: Removal of taste and odor from Merrimack River water treated by absorption on a fixed bed of activated carbon; the Metropolitan Air Pollution Study; and the Salem-Beverly Harbor Pollution Study.

The Water Pollution Control Section is continuing its program to require treatment (or elimination) of all untreated sanitary and industrial wastes discharging to the waters of the Commonwealth, and is maintaining an active abatement program. Ultimately all of the streams and rivers in Massachusetts will meet the highest-use classification.

Grants totaling over two and a half million dollars were made under Public Law 660 to fourteen communities for the construction of sewage treatment facilities. New sewage treatment plants serving the communities of Brockton, Newburyport, Ware, Warren, and Hadley were completed and put into operation. The Metropolitan District Commission Deer Island Plant is almost completed. Many other communities are planning sewerage and sewage treatment facilities using advance-planning loans available under the Housing and Home Finance Agency.

In the field of shellfish sanitation control, there is a pressing need to conduct sanitary surveys of all the shellfish-growing areas of the Commonwealth and to update the classification of these areas to fulfill the State's obligations to the National Shellfish Cooperative Program of the Public Health Service. It is anticipated that all of the shellfish areas on Cape Cod will be examined and reclassified during 1965, and it is hoped that the classification of the remainder of the Commonwealth's shellfish areas will be completed by 1968.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

The primary objective of the Division is to provide an organizational structure for the promotion and distribution of activities and services of all units of the Department. In so doing the Division works very closely with the local boards of health and local health departments.

The experiment in Cambridge, whereby the Department provides a Regional Health Director as the Health Commissioner of the city, continues. The evaluation indicates that thus far little impact has been made in achieving an integration of State and local health services and extension of this integration to adjacent communities. The evaluation does point out that it is possible for the State Health Department and a local municipality to work very closely in providing health services and for State personnel to be readily and completely accepted by the local authorities and people. Services of the developmental clinic have been broadened to include children suspected of being mentally retarded and residing in communities adjacent to Cambridge.

The experiment of setting up a region for western Massachusetts is developing and plans are beginning for the general public health program, specifically maternal and child health activities and improved services in nursing homes.

A study relating to the organization of the Boston Health Department and the City Hospital recommended that these two municipal agencies be combined under one commissioner of health and hospitals with suitable second level and lower level staff. Legislation is in the process of being enacted and an advisory committee has been appointed by the Mayor to recommend the selection of a suitable person for the top position.

Preliminary discussions have been held with the Mayor of Brockton and Selectmen from ten municipalities nearby relative to a Brockton-area health service, to be developed in close conjunction with the Brockton Hospital and with a mental health center for the area. It would not replace the existing health agencies, either governmental or voluntary, but rather would add health services not now being furnished.

A study of the services for children and young people in Somerville is part of the local area project of the Massachusetts Committee on Children and Youth. The Mayor has become interested in improving the general health activities of the city, specifically services in relation to child health; has appointed an advisory medical committee; and intends to appoint a full-time qualified public health physician as health commissioner and to develop maternal and child health services possibly with Federal funds.

On April 1, 1965 Governor Volpe sent a message to the Legislature (#3652) in which, among many recommendations, he urged that a study be done of community health services. A Resolve for such a study is pending in the Legislature.

It is estimated that some 75% of the day care agencies in areas where the Department has direct licensing responsibility have been inspected and have received, or are in the process of receiving, a license. In almost 100 localities the licensing authority has been delegated to the local board of health or health department and in almost all of these the day care agencies have been inspected and licensed. In Boston rigid interpretation of the Public Safety requirements has resulted in no licenses yet being issued.

Sanitation, nursing and clerical personnel have been assigned to each of the field offices so that much more intensive and extensive services can be provided in the migrant workers' camps and to the migrant worker population. This project is being coordinated with an education project for migrant workers that has been developed by the Commonwealth Service Corps and which employs about 30 corpsmen in addition to the project staff. It accomplishes beneficial results quite rapidly in terms of improving the living conditions in the camps, in immunizing the workers, in taking care of their acute medical care needs, and in basic health education such as personal cleanliness and diet.

Vaccination Assistance Project

The Vaccination Assistance Project, funded by the United States Public Health Service, involves the active participation of several divisions of the Department, e.g., Health Education; Research, Development, and Professional Training; Local Health Services; and the Institute of Laboratories. Assistance is provided to local boards of health in developing and implementing intensive immunization programs designed to protect their population, especially all pre-school children, against poliomyelitis, diphtheria, pertussis, and tetanus.

The Project is being conducted in each of the four State health districts and includes four general approaches: an infant immunization surveillance program; immunization of pre-school children by physicians, well-child conferences and immunization clinics; booster immunizations in the schools; establishment of on-going programs to provide immunization to persons in captive situations, i.e., welfare recipients, inmates in correctional institutions, employees of large industries, etc., and community-wide and other special clinics for susceptible adults and other age groups in communities lacking the aforementioned.

The general plan of the operations as the Projects were developed in the western part of the State in 1964 and in the east in 1965 was as follows: 1) an intensive immunization education campaign sponsored by the District Medical Society with support by the communities in each district; 2) assistance to the board of health in each community in developing and improving on-going immunization activities; 3) assistance to the boards of health and medical societies in the planning, community organization, promotion and publicity of mass community-wide and/or selected-area immunization clinics.

Special programs designed to reach large segments of susceptibles were developed in cooperation with the Departments of Education, Public Welfare, and Correction, the Youth Service Board, and private industry.

An Immunization Maintenance Program for School-age Children was developed and approved by the Massachusetts School Health Council. This program calls for the immunization of children at the 1, 5, and 10 grade levels. All boards of health, school committees and superintendents of schools have been urged to establish the program in their schools. A program was established in the Department of Correction and the Youth Service Board for offering tetanus-diphtheria immunizations to all present and future inmates in the institutions operated by these agencies. Preliminary steps were taken with the Department of Public Welfare for reaching welfare recipients in an attempt to achieve one hundred per cent immunization of this large group of susceptibles. A program designed to stimulate early and complete immunization of all newborn infants was established on a pilot study basis. This program will also provide local boards of health with surveillance data that may be necessary to justify funding specific health programs for infants and pre-school children.

District Health Offices

Central Health District

The goals of the district office are primarily to generate interest in public health and to train local health people to adequately perform the ever-increasing duties and responsibilities placed upon them each year by advocates of "Home Rule." This is made difficult because of constant changes in membership of local boards of health due to elections. Every town or group of towns should have a professional or semi-professional agent. Organizing groups of small towns into regions to share the cost of such an agent is progressing slowly.

One of the most important functions carried on in the district office is the overseeing and guidance of the Central Massachusetts Associated Boards of Health. The six or more meetings attract over one hundred local board of health members who are indocrinated in good public health practice through lectures, panel discussions, conferences, and working over of mutual problems. The day care licensing program is progressing at a slower pace with the hard core of centers with more difficult pre-licensing problems to overcome. The MAHARI migrant labor project is well underway and is progressing smoothly.

Examinations by sanitarians covered water supply, sewage disposal, industrial wastes, and general environmental sanitation. A Primary Sewage Treatment Plant Operators Course was conducted with approximately fifty operators of sewage treatment plants receiving certificates of completion.

In-service nursing education sessions were held in fall and spring. The fall session consisted of five meetings, with an average of sixty-five nurses attending. The spring session consisted of two meetings, with an average of forty-five nurses attending.

The nutritionist was advisor for four programs of the Food and Nutrition Associates: 1) a state-wide meeting at Waltham Motor Inn on "Obesity"; 2) a Central District meeting at Milford Hospital on "How to

Increase Productivity"; 3) a Central District meeting in Worcester on "Educational Materials of Dairy Council"; and 4) a Central District meeting at Rutland Hospital on "Panel Discussion on Feeding the Patient." An in-service program on "Diet in P.K.U." was presented to dietitians and other food service people in hospitals in the district.

A program of dental surveys and inspections was conducted in schools and summer camps, and a survey of the six-year study of fluoridation in South Ashburnham and Ashburnham was completed.

Tuberculin testing programs have been conducted in elementary and high schools, preparatory schools and colleges, as well as at the Springfield Post Office and the Wain-Roy Corporation in Hubbardston.

Complexities of present day public health rules, regulations and programs require professional health workers. The alternative to the present policy is more direct service from the State level. Future plans are to tap more and more the resources of the municipalities, to render less direct service in such areas as rural sanitation, and to apply constant pressure to force the municipalities to employ professional personnel of their own to carry out these duties.

Northeastern District

The district office works closely with local health personnel in their program planning in an effort to improve local community health services. Consultation and assistance was directed toward the establishment or reactivation of well child conferences, the improvement or extension of school health programs, the adoption of nursing personnel policies, a more intensive referral and follow-up system for premature infants, tuberculosis control, assistance and guidance in the development and execution of special projects and the adoption of inter-agency referral and follow-up systems of medical-surgical patients from the hospital to the community.

In-service educational programs have been organized and conducted by the many staff disciplines for local public health personnel, as well as district orientation and field observation for academic persons, visitors, and new employees. Five students from the three Boston schools of social work concluded their graduate field work placement under the Student Social Work Training Project. Regular monthly staff conferences were held, with guest speakers augmenting the regular agenda with informative presentations in numerous areas of public health.

Through a series of meetings entitled "The Modern View of Rehabilitation Nursing," an attempt was made to have a small group of nurses become actively involved in rehabilitation techniques. Another program focused on the subject of tuberculosis. This was a joint effort on the part of the nursing advisors and a planning committee representing various areas of nursing and county tuberculosis associations. Almost two hundred local public health nurses from boards of health, visiting nurse agencies or schools attended.

Three in-service sessions on "Nutrition and Public Health Nursing" were completed for nurses employed by three North Shore Visiting Nurse Associations. The course emphasized the nutritional aspects and general

public health nursing implications of follow-up of cardiac, diabetic, and chronically ill patients.

At the request of the director of the Francis Stern Food Clinic of the New England Medical Center, a nutritionist arranged field observation for eight students, candidates for an M.S. degree in nutrition education from Tufts University and the Food Clinic.

The engineer and sanitarian held two seminars, on "Sanitary Food Service" and "Swimming Pools," with over eighty-five persons attending.

The crippled children's clinics show a steady, heavy case load, and the need for long-term care and follow-up has not lessened. Many socio-economic changes have created an increasing need for more adequate social services which are not always readily available.

The district is currently responsible for licensing 123 known day care services in thirty-eight communities. Fifty-five of these facilities have been licensed and the remainder are still pending licensure because of lack of one or more local approvals.

All statistical and informational reports pertaining to the Migrant Labor Project carried out in the area during the summer of 1964 were compiled and distributed to the respective farms and boards of health concerned.

Many staff disciplines feel that they should be more involved in or available to community service programs. The primary goal remains assisting and encouraging local communities in the achievement of adequate, efficient, modern health services; providing people with a more thorough interpretation of the public health laws; and informing interested groups of the needs and modern trends in public health. This may call for the development of new methods and techniques of presenting the concept of the promotion and maintenance of good health geared to current trends.

Southeastern District

The district office assists community health agencies in their programs, interprets public health programs and regulations, and administers certain direct programs of the Department.

Inspection of all the day care services for whom the Department has licensing responsibility has been accomplished. Two Federally sponsored programs, Migrant Labor during the summer, and Vaccination Assistance starting in the fall, involved additional staff working in the district office or in cooperation with the district office. The crippled children's clinic program continued, with some increase in case load. Inspections and consultations performed by the engineering staff increased considerably as more requests came from local health departments. The change in nursing home regulations requiring license renewal every year instead of every other year meant more inspections and reports by the nursing home inspectors. Salmonellosis and hepatitis were the most significant communicable diseases; there were no outbreaks of salmonellosis associated with food service establishments, most being limited to families.

The nursing, nutrition and social work staff performed varied functions between direct service, consultation and organizational activities. All made inspections for the day care program, participated in the crippled children's clinic program, and continued in a consultant capacity to local agencies. Of special significance has been consultation to newly formed homemaker services in several communities.

The new quarters at Lakeville Hospital were occupied in October 1964.

Plans have been made for a public health pediatrician, to carry on a more active maternal and child health program at the local level, and to give assistance in school health programs. A laboratory for the routine analysis of water samples would greatly improve the environmental sanitation program. A new administrative assistant will be helpful in the inspection of jails and biologic stations.

Western Region

The primary aid of the Western Regional Health Office is to encourage and assist local communities in the achievement of adequate, efficient, modern health services.

A Springfield Air Pollution Control District has been organized, involving six communities, with an office in Springfield and laboratory work carried out at the Department's laboratories in Amherst. Two community-type sewage treatment plants were constructed and placed in operation, in Ware and Hadley. The plant in Holyoke, which will be the third largest in the western region, is in an advanced state of construction. A series of conferences and courses were held in connection with environmental sanitation, operation of sewage treatment plants, public swimming pools, and food handling.

A one-day workshop was held for public health nurses on the subject of "Communication."

A project is being developed in Springfield in connection with two maternity hospitals there, to deal with high-risk maternity patients. Prime purpose is to decrease the incidence of mental retardation caused by complications associated with childbearing and to decrease other complications resulting from pregnancy.

Infant immunization surveillance programs have been established on a pilot basis at three hospitals within the region. Some mothers request nursing service in the care of their newborn babies and it is hoped that statistical evidence will be obtained of the need for public health nursing visits to new mothers.

Information has been gathered on the number and location of migrant farm workers and the health resources available to them. Future plans include sanitary inspections, immunizations, and public health nursing.

A student of the Public Health School of the University of Massachusetts is conducting an epidemiological study of the infectious hepatitis

outbreak in Holyoke, based on information obtained from the Holyoke Board of Health.

With few exceptions, primary (temporary, provisional or full) licenses for Day Care have been granted and several services have been relicensed. The Department of Education has been requested to give at least three or four elementary courses in Early Childhood Education and to supplement these with on-going courses in the Springfield, Holyoke, Pittsfield, Greenfield and North Adams areas.

The Plastic Orthopedic Clinics have been held at regularly stated intervals, with an audiologist from the Speech and Hearing Center of the University of Massachusetts available and equipment loaned by the Speech Center. There has been a decrease in the total number of patients seen, the number of new patients and the total number of enrolled patients and a marked increase in the number of discharged patients.

A half-day institute was held for dietitians on children with phenylketonuria and an all-day workshop, in cooperation with the Extension Service Home Demonstration Agent, for welfare department social workers, featuring nutritional foods for low incomes. As a follow-up a series of classes were given for welfare recipients in two towns.

Services for Crippled Children are to be studied with a view to considering: pediatric consultation in all clinics, expansion of preventive services, earlier and more aggresive case finding, more comprehensive treatment services, more community follow-up, and in-service training and research in the field of practical application.

A State school for the mentally retarded has asked for assistance in developing a program in the field of physical therapy under the supervision of an orthopedic consultant.

The rheumatic fever program to be established will be triple functioned. Rapid identification of Group A. Beta hemolytic streptococcus will be made by the Department of Microbiology of the University of Massachusetts, using the fluorescent antibody technique. A retrospective study in Springfield will determine the incidence of rheumatic fever in children, with data collected from health records of public and parochial schools by a public health nurse and processed and analyzed by the Division of Adult Health. A rheumatic fever registry will be started in the Springfield Health Department, to enable proper follow-up for cases not under private medical care.

Civil Defense Section

The Medical Service of the Civil Defense Agency is concerned with the development of an effective state of readiness for conditions requiring the emergency operation of hospitals and allied medical services.

The medical self-help program has advanced to a point where Massachusetts places in the first ten states of the Union. Parochial schools have now signified their intention of instituting this training in their

system and a few private schools have become interested.

The hospital-bed capacity of the Commonwealth has been increased by fourteen thousand due to the pre-positioning of the two hundred bed packaged disaster hospitals. Almost all of these hospitals have had their operating efficiency increased from five to thirty days. The course given in the setting up and operating of a packaged disaster hospital was the first of its kind in the country.

Medical Social Training Project

This is a training unit for second-year social work students. There were five students in this year's group. Casework assignment was carried out from the Northeastern District Health Office and cases were primarily drawn from the clinical services in this area.

Nursing Section

Objectives are to promote the highest quality nursing service and to secure a more equitable distribution of public health nurses throughout the State, so that eventually such service will be available to every citizen in the Commonwealth.

The Woburn, Wakefield, Stoneham and Reading project, started in June 1962, has now completed its third year. A six months extension has been granted to allow time for the Advisory Committee members from the four voluntary nursing agencies to work on the development of a new project which will move toward the combination of these agencies into one regional agency with a qualified nursing director. The baseline evaluation data are presently being summarized, and the implications for this project can have far-reaching effects for the administration of public health nursing services in the future. Other nursing projects center on how a public health nursing agency can extend its services to provide and supervise homemaker services; use of a public health nurse to coordinate out-of-hospital services in order that patients discharged from a hospital can receive continuity of medical and nursing care, and how a community can effectively generalize its public health nursing services with a single group of nurses.

A two-day conference is planned for the fall to bring together essential members of a few of the maternity hospital teams, such as obstetrician, pediatrician, hospital administrator, and nursing service. It is hoped significant steps will be initiated in areas of newborn nurseries, prenatal clinic services, interagency referrals, and expectant parent education.

The growth of mental health centers in Massachusetts to over thirty has presented a need and opportunity for nurses of the Department and of the Department of Mental Health to work jointly for an understanding of the separate departmental and center services and of their own separate and mutual functions as they relate to local agency personnel. Nursing advisors of both departments have initiated such a joint plan with the community nursing staff members in one area that now has a nurse on the Mental Health Center staff.

The "Guide for Developing Policies for Handling Emergencies at School" and "The Guidelines for Public Health Nursing Agencies in Integrating Mental Retardation into Existing Programs" have been prepared for distribution.

In relation to the new health legislation (Medicare) the Section will help agencies and nurses to understand the potential for nursing services for the aged and for mothers and children, and assist in the interpretation of legislation and work with agencies to meet the criteria necessary for certification in order to be reimbursed for patient care.

A demonstration area will be developed in the western region to show the value of nursing supervision.

An evaluation report of the second series of school nurses workshops will be written after the testing instruments used before and after the first and the third workshop have been coded and analyzed.

Nutrition Section

This Section plans the nutrition activities of the Department and is available for consultation, committee work, food-habit surveys, and nutrition education in communities.

A computer process work measurement study showed that about fifty per cent of the nutritionists time was spent working with a wide variety of disciplines, both within and outside of the Department. It also indicated that more nutrition service should be given to several important "target" groups, including infants, youths, and mothers.

The Section participated in the Study of Nutrition Services in Massachusetts sponsored by the Massachusetts Public Health Association. A list of recommendations for increasing the depth of the study and for using survey findings was presented at a workshop to consider the results and implications of the study. The Section also participated in several phases of the anti-poverty program and cooperated in preparing a course in home management for the training of leaders in low-rent housing units. Consultation was given on feeding programs in Operation Head Start and in the use of donated foods by welfare workers. A "PKU Guide for Parents and Professional Workers" was prepared, also a "Dietary Guide for Nursing Homes."

Eight weeks of field experience were provided for a graduate student in public health nutrition from the University of North Carolina School of Public Health.

Program planning is in process to provide better services for low-income groups and for teen-age mothers whose needs for nutrition services have to date been inadequately met.

Division of Maternal and Child Health Services

The Division has broad responsibility for furnishing leadership

in the development, guidance and provision of improved health services to mothers and children in Massachusetts. Services rendered are preventive, habilitative and rehabilitative.

Plans were made with Boston Lying-in Hospital, Boston City Hospital, and Wesson Maternity Hospital in Springfield for project grant requests for comprehensive maternity and infant care. Surveys of maternity care services available in the Brockton and Fall River areas were conducted.

Training of nurses to conduct classes for expectant parents, assistance to local communities in organization and conduct of programs, and evaluation of course content continued.

A two-day course was given, in cooperation with Boston Lying-in Hospital and Children's Medical Center, to alert physicians to new developments in maternal care. Also a refresher course for practicing physicians was jointly sponsored by the Division, the Academy of General Practice and the American College of Obstetrics and Gynecology.

A special study of community resources for follow-up of premature infants was initiated, in cooperation with the Newton-Wellesley Hospital, the two health departments, Visiting Nurse Associations, and practicing physicians.

Morbidity data compiled from the Supplementary Medical Report of the Certificate of Fetal Death have been prepared, providing information on prenatal care, complications of pregnancy, labor and delivery, congenital malformations and birth injuries.

Eight classes for operators of Day Care Services have been organized and completed, with instructors recruited by the Division. Members of the Day Care Unit have compiled a Day Care Bibliography, which is being distributed by licensing personnel.

School Health activities included implementation of the school health examination law, consultation, training, participation in the accreditation program, approval of home teachers; and during the current year, chairmanship of the interdepartmental School Health Council.

Hard of hearing and deaf children received hearing aids as a result of evaluations carried out by approved cooperating agencies, with the family of the impaired child paying twenty-five percent of the cost, although this requirement was waived where medical indigence was certified and funds were available.

The nine habilitation centers for preschool hard of hearing and deaf children continue to operate at or near capacity.

The new genetic counseling program has been of benefit to many mothers whose children are cared for by the Services for Crippled Children program. In addition to genetic counseling, Services for Crippled Children has been paying for chromosome studies on any handicapped child in Massachusetts in need of such service. Legislation is pending to provide full State coverage for premature infants born to unwed mothers. The intent of

the law is to protect confidentiality, work toward rehabilitation of younger girls and insure care of infants.

The school evaluation program, the educational courses and consultation services are beginning to have impact on school health programs. The role of the physician is being redefined, planned health instruction is increasing and the school nurse is relating health services to a total health program in a number of new communities.

A conference on "Newer Concepts in Maternal and Infant Care" will be held in the fall. Hospital teams, including the pediatrician, obstetrician, administrator, and nursing supervisors, will attend. Significant steps will be initiated in areas of newborn nurseries, prenatal clinic services, referral, and expectant parent education in hospitals. The College of Obstetrics and Gynecology is planning with the Division to co-sponsor a fall conference for practicing physicians caring for maternity patients.

Development of Rules and Regulations for family Day Care Services is the next step anticipated in the licensing program. Consideration of the special requirements for children under age three will receive attention, thereby providing our consultants with much needed guidelines.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

The major activities of the Bureau of Hospital Facilities, as provided by statute, include the licensure program for hospitals, sanatoria, clinics and dispensaries; survey, planning and construction, including modernization, of hospitals and related medical care facilities; and the radiological health program relating to medical use of ionizing radiation. Another activity is the promotion of programs centered on hospital utilization and area-wide planning.

Evidence of the success of the inspectional program is provided by the growing number of hospitals which have been accredited by the Joint Commission on Accreditation. One hundred per cent accreditation will soon become a reality.

The most significant problems confronting hospitals, such as the rising cost of care and shortages of key personnel, are emphasizing the urgency of better area-wide planning. The Bureau is cooperating with the Massachusetts Hospital Association in fostering area-wide planning on a statewide level. Specific progress is being noted in the North Shore area, where a group of twelve hospitals have established a joint committee to develop objectives and possibly financial resources for this program. Evidence of progress is also noticeable in Worcester, Springfield and Pittsfield. With the cooperation of the United Community Services, the Greater Boston Hospital Council has been the stimulus to charter a new agency for area-wide planning in Boston.

The Bureau is working on a complete revision of the "Licensure Rules and Regulations for Hospitals and Sanatoria in Massachusetts." The control of cross infections in hospitals constitutes a significant program. Salmonella and staphylococcal infections continue to be the most important diseases spread in hospitals. Two institutes were conducted, one on professional hospital techniques and procedures for the utility room and central service departments, and one on the microbiology of the hospital environment. At each of these institutes at least two hundred and fifty persons were enrolled.

The program in radiological health protection, associated with the medical uses of sources of ionizing radiation, continues. Primary emphasis has been directed toward the surveys of diagnostic x-ray units.

A survey to be undertaken under the Hill-Harris Amendment of the Hill-Burton Program will focus attention on those hospitals most urgently in need of plant modernization. The survey will be carried on as a joint activity with an outside consulting architectural firm.

BUREAU OF INSTITUTE OF LABORATORIES

The Institute of Laboratories serves as the laboratory center for public health problems of a medical nature in Massachusetts. The Division of Biologic Laboratories prepares and distributes products used for the prevention and treatment of communicable and infectious diseases. The Division of Diagnostic Laboratories identifies the bacterial, parasitic, and mycotic agents responsible for infectious diseases; and maintains a field station to study birds, reptiles, and other animals suspected of harboring encephalitis.

A number of programs have been extended or intensified, in many cases with the active and invaluable support or collaboration of other divisions of the Department. Immunization of school and pre-school children was intensified through the Vaccination Assistance Program; the Rheumatic Fever Primary Prevention Program was reorganized with the establishment of regional rapid diagnostic centers and preparations for more extended streptococcal diagnostic service; the metabolic disorders laboratory added two routine tests for congenital metabolic disturbances to its regular panel of tests and instituted a pilot program for paper chromatography as a possible method of testing for a variety of abnormalities in newborn babies. A review and revision of the tuberculosis laboratory services in the State was undertaken. Through close cooperation and consultation with the Committee on Blood Banks of the Massachusetts Medical Society and the Advisory Committee to the Regional Blood Program of the American Red Cross, a campaign for the salvage of increased amounts of out-dated blood or plasma from local hospital blood banks was successfully initiated.

The program of surveillance for arbovirus infections in Massachusetts required extensive re-examination and as much revision as was possible within the limited resources available. The occurrence of St. Louis encephalitis, in the northeastern United States for the first time in recorded history, in the late summer of 1964, indicated the urgent need for extending and modifying the Massachusetts program. This alarming episode came on top of the recent finding that Powassan encephalitis virus was present in neighboring New York State, and that encephalitis caused by the California group of viruses had occurred throughout the area from Onio to Wisconsin during 1964. Thus it became imperative not only to maintain but to extend and diversify the surveillance and research work of the Encephalitis Field Station, which during the year was moved from the Paul A. Dever State School at Taunton to the Lakeville Hospital. The surveillance program has been extended significantly by the active collaboration of personnel in universities, county mosquito control programs, the Audubon Society, the U. S. Fish and Wild Life Service, the Massachusetts Fish and Game Commission, etc.

At the request of a group of laboratory-oriented clinicians from three different hospitals, a collaborative study was begun on the salvage and preparation for human use of that portion of the gamma globulin in blood plasma which contains antibodies against many serious bacterial infections and yet which is ordinarily excluded from regular 'gamma globulin' because of its instability.

An extremely valuable study was completed of the circumstances underlying the dissemination of salmonella infection in poultry processing plants. It showed that much of the contamination in poultry and poultry products results from the way in which they are handled in the plants and that this can be largely controlled by strict sanitary practices.

In a continuing study on the factors determining successful active-passive immunization against tetanus, it was shown that alum toxoid is just as effective as fluid toxoid in such immunization (contrary to previous reports) and that toxoid and globulin can be given simultaneously with just as good effect as when the toxoid is given first.

In a continuing study on the primary immune response it was found that massive doses of tetanus toxoid can provide continuing protection in mice, from the day the toxoid is injected. Related studies in man (in collaboration with a surgeon in Kansas) show that the primary response to a single dose of tetanus toxoid appears to vary greatly depending on the particular lot or preparation used.

Significant progress was made in the purification of both tetanus and diphtheria toxoids, demonstrating very marked differences in antigenicity of different fractions to toxoid, possibly related to the molecular size or aggregation state of the antigen.

Members of the staff of the Institute conducted a number of lectures or seminars in six different courses at the School of Public Health, and ran a special informal course set up in the spring term at the request of the students. Lectures were given to local pathologists, to a graduate course at the Massachusetts General Hospital, to the American Epidemiological Society, the American Association of Immunologists, the Massachusetts Public Health Association, the New England Industrial Health Association, and many other groups. Trainees remaining at the Institute for more than transient periods came from the Communicable Disease Center, the Harvard School of Public Health, England, Yugoslavia, Pakistan, Sweden, Scotland, Poland, India, Mexico, etc.

The Institute published a report of its studies on rabies in southern New England; a chapter on "Prevention of Infections" in the latest edition of Dubos and Hirsh's "Bacterial and Mycotic Infections"; a serologic survey of tetanus immunity in United States military recruits; a study on the basic mechanism of the flocculation reaction; a report on the PKU program in Massachusetts (with Dr. Hussey of the Division of Maternal and Child Health); and various other reports.

The outstanding problem for the future is the need for maintenance of surveillance of viruses which may cause human encephalitis.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis Control

The Division of Sanatoria and Tuberculosis Control reports that during fiscal 1964:

a) the number of newly reported cases of tuberculosis in Massachusetts dropped below the 1000 mark for the first time since the disease became reportable in 1907,

b) the number of the patients hospitalized dropped to a new low, with a patient census of 659 at the close of the fiscal year,

c) the cost to the Commonwealth for hospitalization of the patients was lower than it has been for years,

d) the problem of the expanding need for out-patient services was considerably eased with the receipt of a Federal grant and through policy changes resulting in improved utilization of Division personnel and other resources.

There were 977 cases of tuberculosis newly reported in 1964, or a rate of 18.3 per 100,000 population, representing a decline of 120 cases and a reduction of 11.6% in the rate from the previous year's total of 1097 cases and 20.7 rate. The death rate for tuberculosis in Massachusetts also dropped to a new low of 3.0 in 1964 from 3.7 per 100,000 population in 1963.

The in-patient census continued to decline in each of the regional hospitals, with the percentage of occupancy at 55.4 for the fiscal year. There were 1643 admissions during the reporting period. The average length of stay for patients diagnosed as tuberculous was 168.6 days or about five and a half months.

The Division expended slightly less than 4.5 million dollars for the care and treatment of tuberculosis in regional hospitals. This expenditure was lower by some $850,000. as a result of collections from patients and third-party payers. The net cost of tuberculosis care to the Commonwealth was reduced considerably as a result of reimbursements one-half of the per diem rate by cities and towns.

Major policy changes with regard to Out-Patient Tuberculosis Control during fiscal 1964-1965 included the discontinuance of clinical activities out of the central office, and their regionalization with the tuberculosis hospital as the core. A substantial increase in aid was provided to local clinics, including reimbursement for personnel and services and also direct supply of expendable items such as x-ray films, tuberculin testing materials, and tuberculostatic drugs.

Factors necessitating this reorganization included:

a) De-emphasis of mass screening x-ray programs in favor of selective screening and use of the tuberculin test,

b) Need for improved and expanded services for the ambulatory patient,

c) Need to integrate hospital, clinical, and community tuberculosis control services,

d) Need for manpower conservation and optimum use of experienced personnel.

The Division concentrated on a five-point program aimed at the eradication of tuberculosis.

Education:

An in-service training training program for public health nurses and other local professional workers provided the latest tuberculosis control information.

Several Division members attended specialized professional courses.

The Division distributed prepared health education materials including a popular give-away -- "ONCE IS NOT ENOUGH" -- which points up the need for follow-up tuberculin testing and x-ray examination.

Case Detection:

Case detection activities were conducted by regional hospital personnel and by personnel on loan from the Division to the regional hospitals. The Division purchased tuberculin testing supplies -- disposable (Mantoux) syringes and Tine tests -- for distribution, without cost, to out-patient clinics and boards of health. The use of the tuberculin test in preference to the chest x-ray was widely promoted.

The Division provided x-ray film without cost for screening and diagnostic purposes to the value of $32,500. to all clinics requesting same.

Treatment:

Considerable emphasis was placed on the provision of superior services for the treatment of the out-patient.

The Division provided all of the tuberculostatic drugs requested by clinics for all out-patients. Drugs were made available in a variety of forms (tablets, granules, enteric coated) in order to meet the needs of the individual patients. Prophylactic INH is also made available.

Surveillance:

Improved patient surveillance should be evident as a result of the regionalization of out-patient clinics and services. The regional hospital now has a closer tie with area clinics and communication regarding a particular patient is much improved.

Division nurses have a close liaison with local board of health as well as the clinic. This is particularly helpful in the development

and maintenance of effective local registers.

A bacteriologist has been employed by the Division to provide consultation and service to laboratories doing tuberculosis bacteriology. Facilities and practices in laboratories enrolled in the approval program have been reviewed and recommendations made regarding newer methods and safety precautions.

Expendable laboratory supplies and some small equipment have been made available to local laboratories where a need has been established.

Evalution:

A comprehensive ten-year evaluation plan for tuberculosis control entitled "Objectives - Goals - Action Plans" and dated March 12, 1965 was developed by the Division.

Monthly staff meetings were held for the purpose of reviewing present programs, particularly the regionalization of clinics and tuberculosis control and developing plans for improved services.

Administration and Bureau Activities:

Contracts with regional hospitals were negotiated and an average per diem rate of $26.32 established for the care and treatment of tuberculosis. Cities and towns were responsible for one-half per diem rate $13.16) for residents with tuberculosis admitted to a regional hospital.

A per diem rate of $26.32 was established for the care of patients with tuberculosis at two Department institutions: Lakeville Hospital and Western Massachusetts Hospital, effective January 1, 1965. A per diem rate of $23.50 for chronic disease patients at Lakeville Hospital was established to become effective July 1, 1965.

The new Lakeville Hospital was dedicated September 30, 1964 and patients transferred from the old building on November 9 and 10, 1964. Plans for a new nurses home are underway.

Construction was started in November 1964 on the new wing at the Massachusetts Hospital School.

Architects are working on plans for a new hospital at Pondville.

Construction was started on a new hospital to replace the present Tewksbury Hospital.

Plans have been submitted for a new school for practical nursing students at Western Massachusetts Hospital. The Cobalt Unit for treatment of Cancer was dedicated on November 19, 1964.

DEPARTMENT HOSPITALS

Lakeville Hospital

The Lakeville Hospital is a chronic disease treatment center, with emphasis on rehabilitation. It is also a training institution, both on the

post-graduate doctoral level for training of orthopedic surgeons and on an affiliated basis for training of licensed practical nurses.

Chronic conditions treated include cerebral palsy, crippling conditions in children, arthritis, old fractures, cerebral vascular accidents, and multiple sclerosis. Joint conferences with the Paul A. Dever and Wrentham State Schools for retarded children were continued. An in-service training program for nurses and attendants was initiated.

The new hospital facilities opened in November. They fulfill the needs of a modern chronic hospital and provide adequate surgical facilities--two operating rooms, a plaster room, two x-ray rooms (one with an image intensifier), a fully equipped eye, nose and throat room, and two dental suites. The physiotherapy department was strengthened through the addition of a wading tank. The laboratory facilities were brought up to date and now perform most of the major test procedures.

It is hoped to open a Self-Help Unit in the near future. Strengthening of the stroke program is underway and foundations have been laid to organize lecture series for the benefit of the hospital doctors and physicians from the surrounding communities.

Massachusetts Hospital School

The Massachusetts Hospital School is for the mentally competent but physically handicapped children of the Commonwealth. Its purpose is to give the best medical treatment that modern science has evolved, the highest education that a child requires, and vocational training so that the child may assume his rightful place in the social and economic life of the community. Adhering to the tradition that education and medical treatment of a physically handicapped child should be closely related, it continues to change to meet the challenges of modern society.

A new eighty-bed addition to the hospital was started in November 1964, to be completed in the spring of 1966. It will allow the Massachusetts Hospital School to become a community hospital for all handicapped children in southeastern Massachusetts, admitting younger children, and cases not requiring long-term care, as well as conducting an outpatient clinic. Also in the planning stage is a new school building which has been needed for some years.

A closed-circuit television system, so that a child in bed can see the classroom and talk back and forth with the teacher, was dedicated in May 1965. It will take a year to work out the kinks but it will be a very valuable adjunct in the education of the children.

In the past year the Massachusetts Hospital School has received two citations. The first was from the American Red Cross for long-continued contributions of blood, the second from the Massachusetts Chapter of the National Rehabilitation Association for efforts in the physical rehabilitation of handicapped children.

Pondville Hospital

The Pondville Hospital was established to provide diagnostic and therapeutic service for citizens of the Commonwealth who have cancer or precancerous disease.

Diagnostic service for patients has been provided on in-patient and out-patient basis, also a consulting service for practicing physicians in the community. Patients with proven cancer have received curative therapy, whenever possible, and palliative treatment both in-patient and out-patient. The research program is clinically oriented because of the wealth of clinical material, but there is also basic research and a large colony of animals is available.

Twelve scientific papers were published by members of the staff relating to facets of clinical cancer and basic studies in the control of cancer by enhancing host resistance. Currently there are twenty-five research projects underway, supported by grants from the American Cancer Society, the National Institutes of Health, private agencies, and the Commonwealth.

The written plan of the Pondville Hospital Organization and the By-laws of the Medical and Dental Staff have been revised, updated, and approved, in accordance with the recommendations of the Joint Commission on Accreditation. The Pondville Hospital Disaster Plan has been reviewed and two exercises have been conducted.

The tenth annual meeting of the Daland Society was held in June, with the scientific program conducted by the staff.

One of the goals the medical staff has nurtured during the years has been a nucleus of full-time physicians to supervise the departments of Surgery, X-ray, Pathology, Anesthesiology, Genito-urinary, Internal Medicine, and Research. During the past year full-time Board-qualified men were appointed in Pathology and Anesthesiology. The appointment of a Board-qualified Chief of Radiological Services in the foreseeable future is anticipated.

It is recommended that x-ray facilities in the new hospital be enlarged and equipped so that supervoltage therapy can be provided in whatever mode modern treatment dictates. With closed-circuit television a prime teaching device of the future, Pondville will have a significant contribution to make because of the wealth of cancer material and the unusually talented visiting staff.

Tewksbury Hospital

Ground was broken in November for a new building that will provide much needed beds for patients on the waiting list.

The Dental Department functions with the service of a Dental Consultant and a full-time Dental Technician.

A twelve-hour course on "Personal and Family Survival" was started by the Office of Civil Defense. A Tuberculosis Control Program was

initiated for all personnel, with the Intradermal Tine Test used for the detection of tuberculosis sensitivity.

The Age Care Information Center has been evaluating applications for admission to the hospital. Pre-admission medical and social forms are used to determine the adequacy and reliability of the information requested. Nursing homes in the community have cooperated in the placing of patients and the Lowell Visiting Nurse Association continues caring for discharged patients.

The Clinical Pastoral Training in Ministry Course has twenty students. They serve on the wards, attend lectures and clinic discussions, make ward rounds, and provide two religious services a week. A daily seminar introduces them to the hospital routine and enables them to see the effects of scientific medicine and to strengthen their spiritual discipline in the presence of suffering.

The Training School of Practical Nurses graduated two classes, both of which started with full quotas. Many of the students remain to work in the hospital. An Inservice Education Program is carried out for all new employees, orienting them on hospital policies, facilities, and nursing procedures.

The Physiotherapy Department gives daily treatments, diathermy, hydrotherapy, electrotherapy, etc. for patients with cerebrovascular accidents, paraplegia, healed fractures and other conditions.

Western Massachusetts Hospital

A center of specialization since 1910, the Western Massachusetts Hospital has a threefold purpose. Primarily it offers to the nearly three-quarters of a million residents of the western area of the Commonwealth a diagnostic and treatment center for various forms of cancer or tuberculosis. Secondly, to the practicing physicians of the area it renders consultation service in its field. Lastly, it is, in a limited capacity, a training center.

In 1960 a limited number of beds were set aside for patients with chronic pulmonary conditions for treatment and rehabilitation. Activities of the cancer service are limited to the diagnosis and treatment of cancer and the training of specialists. Activities on the tuberculosis service are limited to the diagnosis and treatment of patients on in-patient and out-patient basis and consultation service in both clinics. Distribution of drugs to ambulatory patients was initiated this past year. In-patients receive both medical and surgical treatment and are transferred to the pulmonary function department of the Springfield Hospital for advanced function tests.

Activities on the chronic disease service are generally limited to medical and surgical care.

To achieve the goals of giving the highest type of patient care, maintaining general hospital and teaching accreditation, and offering effective consultation service to the local communities and their practitioners, the following accomplishments are to be noted: for the department of radi-

ology, a Cobalt-60 Teletherapy Unit, a new urological table and a new portable diagnostic x-ray machine; for the clinical laboratory, a new electrocardiogram for direct patient care, more modern beds and bed rails; for surgery, equipment for a resuscitation center, two new autoclaves and a still; for medical education, revitalization of the medical library by the purchase of more journals and late-edition text books, attendance at seminars, workshops, courses and meetings by medical, dental, nursing and laboratory personnel; for general hospital maintenance, new gas ranges in the kitchen, new dish washers on all five wards and the continued installation of better lighting throughout the hospital.

A reappraisal of purpose and a re-evaluation of the internal structure of the hospital should be made with the location of the State Medical School and the operation of Medicare in mind.

Respectfully submitted,

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